Welcome and introduction

It is with great pleasure that we present here our new Trust Strategy, 2018-23. We have co-produced our strategy with the significant input of service users and carers, staff, external stakeholders and many others, under the leadership of the Trust Board. It has been developed in a period of some considerable achievements for the Trust, including opening an award-winning Psychiatric Decision Unit, a new talking therapies service in Wandsworth and two new Recovery Cafes for people in crisis, but in a time that has presented us and other health providers with considerable challenge as well.

In June 2018 we were delighted to announce that our Trust has maintained its overall rating of ‘Good’ by the Care Quality Commission (CQC). The CQC asks whether services are safe, effective, caring, responsive and well-led and has rated the Trust as ‘Good’ for each of these domains. The CQC has reported improvements in core services for long stay/rehabilitation, child and adolescent mental health wards, forensic/secure inpatient wards, and community based mental health services for adults of working age. The CQC’s report highlights many areas of good practice and notes the considerable improvements that the Trust has made since the last comprehensive inspection in March 2016. It is our ambition now, supported by this strategy, to be rated Outstanding by 2021.

We also continue strengthening our partnership with the other major mental health trusts in south London: South London and Maudsley NHS Foundation Trust (SLaM) and Oxleas NHS Foundation Trust. This new and innovative collaboration – the first of its kind in London – brings together our collective expertise to identify areas of best practice that will be rolled out consistently across south London, to help deliver a shared vision to improve mental health care. Our early work as a partnership includes improvements to the forensic/secure pathway and for specialist child and adolescent mental health services.

Our Estate Modernisation Programme (EMP) continues to move forward at pace, and the exciting developments planned will allow us to provide services in buildings that are fit for purpose to support better mental health for people across our five boroughs. Overall, EMP will provide a total of 349 beds by 2021. The programme will be entirely self-funded through selling surplus land no longer needed for our services.

We also know that this remains a challenging time for the NHS, and particularly mental health. Demand for services has continued to rise while funding remains tight, so we cannot simply continue with business as usual. This strategy sets strategic ambitions and transformation that will enable our Trust to deliver the best care possible for our service users and our community in the coming years.

Service users and carers have said, during the development of this strategy, that they want to remain involved in monitoring its implementation. We welcome this, and are putting arrangements in place to ensure invaluable engagement and involvement continues after the launch of our strategy. We wish to place on record our deep appreciation and thanks to the service users, carers, stakeholders and staff who have collectively developed this strategy. We now need to continue working hard together to bring the vision and aims of our new Trust Strategy to life, and to ensure we deliver by 2023.

David Bradley,
Chief Executive
# Contents

Welcome and introduction ....................................................................................................... ii  
Contents ................................................................................................................................ . iii  
Developing our new Trust Strategy ......................................................................................... 2  
  Why now? ............................................................................................................................. 2  
  The engagement approach ................................................................................................. 3  
  A strategy, not a plan .......................................................................................................... 6  
Shaping our strategy ................................................................................................................ 9  
  Our Trust .............................................................................................................................. 9  
  Local context ...................................................................................................................... 19  
  National context ................................................................................................................ 23  
  Constraints and risks ........................................................................................................ 26  
Our strategy described .......................................................................................................... 28  
  Our mission, philosophy and strategic ambitions ............................................................ 28  
  Trust-wide strategic programmes – building for the future ................................................. 34  
  Our service lines ................................................................................................................. 44  
  Acute and urgent care ........................................................................................................ 45  
  Community .......................................................................................................................... 47  
  Cognition and Mental Health in Ageing ........................................................................... 49  
  Child and Adolescent Mental Health .................................................................................. 50  
  Forensic, national and specialist ....................................................................................... 53  
Enabling our strategy ........................................................................................................... 56  
  Workforce and organisational development .................................................................... 56  
  Finance and commercial ................................................................................................. 57  
  Communications and stakeholder engagement ............................................................... 58  
  Research and development .............................................................................................. 59  
  Medicines optimisation .................................................................................................... 60  
  Estates and facilities .......................................................................................................... 62  
  Digital ................................................................................................................................. 63  
Implementing our strategy ..................................................................................................... 66  
Acknowledgements ................................................................................................................ 1  
Appendices ............................................................................................................................. 1  
  Appendix 1: Summary of engagement activities ............................................................ 1  
  Appendix 2: Service line strategic initiatives and strategic ambition matrix .......... 1
Appendix 3: Glossary of key terms ........................................................................................................ 1
Appendix 4: Abbreviations ........................................................................................................................ 1
Appendix 5: Key documents ........................................................................................................................ 1
Appendix 6: Our services and sites ............................................................................................................. 1

Table of figures
Figure 1. Our values .................................................................................................................................... 9
Figure 2. Trust workforce profile, 2016/17 ............................................................................................. 12
Figure 3. SWLSTG financial surplus, 2013/14 to 20/18/18 ................................................................. 14
Figure 4. Mental health expenditure per weighted head of population, 2016/17 ............................ 15
Figure 5. South west London CCG total mental health expenditure (all providers), 2015/16 to 2017/18 .................................................................................................................................. 15
Figure 6. NHS Friends and Family Test patient satisfaction score .................................................. 17
Figure 7. Strategic ambitions .................................................................................................................. 30
Figure 8. QII programme framework .................................................................................................... 36
Figure 9. Ladder of participation .......................................................................................................... 38
Figure 10. Triangle of care ...................................................................................................................... 39
Developing our new Trust Strategy

Why now?

The NHS turned 70 in July 2018 and much has been achieved since its inception. The NHS remains one of the nation’s most loved institutions. It plays a vital role in all our lives and is one of the country’s largest employers, with its staff being highly valued by the country’s citizens.

The NHS has long been subject to unprecedented change. There have been massive developments in how ill health, including mental ill health, is diagnosed and treated. There have been many technological and service innovations. There remains an ongoing tension between prevention and treatment, and between service delivery in centres of excellence and in community-based settings. People are living longer, often with complex or long-term conditions, and this is to be celebrated. But this means our population is changing and our services need to be able to meet changing and increasing needs. There are substantial financial pressures in our national life, and these are experienced in both the NHS and social care sectors. Major national changes such as the United Kingdom’s upcoming departure from the European Union have a significant impact on the delivery of care at local level.

It was in response to these changes to the external environment that, in June 2017, the Trust Board agreed the development of a new Trust Strategy to shape and focus the next five years of delivery for our organisation. This new Trust Strategy will replace the Clinical Strategy developed in 2015. This new Trust Strategy will help us to navigate our way through the challenges of today and tomorrow, and help us achieve our ambitions.

The focus of our new strategy remains to provide the best possible clinical care and support for our service users and carers in the communities that we serve. Our mission to ‘make life better together’ remains unchanged; as do our values of respectful, open, collaborative, compassionate, and consistent. Our strategy has been developed collaboratively and focuses on defining key ambitions and programmes of work that will continue to deliver on our long-standing mission of ‘making life better together’.
The engagement approach

Our approach is to put service users – people with lived experience – and carers at the centre of all that we do. As a Trust we place huge value on the insight, energy and time of our service users, and their carers, friends and family, and are committed to creating the optimal environment for people to get involved in the activities and day-to-day running of the Trust. The Care Quality Commission (CQC) has inspected the Trust, and assessed our performance as Good. The Trust seeks to be an Outstanding organisation by 2021. Embracing involvement and co-production is central to achieving this. Our service users and carers, friends and family, and staff, have told us that there is much more that we can do.

The engagement approach to developing of our new Trust Strategy has taken a year. We have met with a wide range of stakeholders, with particular emphasis on service users and carers. Our approach has involved the following stages:

• Discovery: Reviewing what services we have, what works well, gaps in service provision and service innovation
• Development: Looking at good practice in our current services and how to further develop and innovate over the next five years
• Completion: Reviewing key themes and draft content of the strategy

We have undertaken five rounds of community workshops, in different locations across the five south west London boroughs, in which we are the main provider of mental health services. We have also engaged with commissioners, providers (both NHS and others) and the South West London Health and Care Partnership. Internally we have met with over thirty clinical teams, leaders from our clinical and operational services and our corporate teams. The Trust Board has led and overseen the development of our new strategy at every stage of its development.

External engagement

We have engaged externally with:

• Service users.
• Carers and families.
• Members of the public.
• Commissioners.
• Voluntary sector and community groups.
• MPs and councillors.

The main external activities have been:

• 12 community based workshops in different locations (Twickenham, Wimbledon, Sutton, Clapham and Earlsfield), facilitated by Springfield Consultancy. 15-40 people have attended each session. The discovery phase involved working with service users, carers and other stakeholders to review the services we have that work well, as well as looking at gaps in service provision. We discussed the areas that they would like to see the Trust develop over the next five years in terms of the services offered and access to these services; how we better support families, friends and carers; and, how we work more closely and in partnership with the voluntary and community sector. In the development phase workshops, we worked with service users and carers, looking at good practice in our current service lines and discussing possible new models of care that we can develop. In the completion phase
workshops, we reviewed what elements of a strategy are important for our service users and carers. We also reviewed some of the key themes and draft content that was developed from our ongoing engagement events.

- Sessions have covered identification of issues and opportunities, development of key themes and areas for inclusion, structure and content of other organisational strategies.
- Online and hard copy surveys.
- Discussion at relevant forums e.g. CCG Directors of Commissioning Meeting, Directors of Public Health Meeting, feedback from other NHS providers, feedback from Directors of Adult Social Services, SWL Sustainability and Transformation Partnership Mental Health Network, local GP Federations.

Service users, carers and community representatives have provided comments on the drafts of the Trust’s strategy with regard to:

- The voice of service users and carers being heard from the beginning of the Trust Strategy.
- Focussing on what services the Trust currently delivers; what will be available and how services will be accessed.
- Focussing on outcomes.
- Addressing inequalities: variation across boroughs; the needs of all our diverse communities; recognising all characteristics recognised in diversity legislation.
- Being positive in tone.
- Investing in visuals and infographics.

Service users and carers have also expressed a strong desire to remain involved with the final production and review of the new strategy and also annual planning and monitoring of delivery.

**Internal engagement**

Within the organisation we have engaged with:

- Trust staff and clinical teams.
- The Trust Board.
- Service line leadership teams.

The main internal activities have been:

- Staff meetings: Around 30 team meetings have been attended across a variety of sites and service lines, with 5-20 staff in attendance at each. Staff workshops have been held at Springfield Hospital, Jubilee Health Centre, Wilson Hospital, Richmond Royal and Tolworth Hospital and during the bi-monthly Leadership Conference. Specific discussions have been held with trust-wide forums including LGBTQ+ and the deaf staff group.
- Online and hard copy surveys.
- Service line management discussions.
- Updates and discussions at Trust Board around the strategic environment, strategic decision making and future service delivery, data and context and progress.
- Facilitated discussions and feedback with corporate teams.
A full description of our engagement activities can be found in Appendix 1.

Learning from engagement

A number of key areas have emerged from our engagement activities, both internally and externally. The new Trust Strategy responds to and reflects these issues:

• Active prevention: taking opportunities to prevent people from becoming mentally ill and/or conditions from getting worse.
• Shaping our pathways to ensure they are responsive and focus on early intervention and recovery.
• Improving access to services and the achievement of quality outcomes for patients, service users and carers.
• Increasing service capacity and availability through continued advocacy, influence and liaison with commissioners and key stakeholders.
• Enabling transition: our service users and carers require pathways which allow seamless movement between services, for example, transition from children and young people’s services to adult services, and from inpatient to community services.
• Providing more interventions in the community: service users and carers value and need interventions as near to their homes as possible.
• Co-production approaches and greater community engagement. Our Involvement Plan and co-production approach are key objectives for the Trust. Service users, carers, staff and wider stakeholders will be engaged in the delivery of the Trust Strategy.
• Partnership and integrated working to ensure collaboration is at the heart of everything the Trust delivers.

A number of the challenges facing the Trust were identified via engagement events and surveys. These include:

• The diversity of our communities.
• Funding and investment.
• Service and staff capacity.
• Access to services in a timely manner.
• The need for integration, standardisation and innovation across service models.
• Better advice and support for carers (including young carers), families and friends.

The new Trust Strategy acknowledges these and our future delivery will seek to deliver positive solutions.
A strategy, not a plan

Our new Trust Strategy responds to and includes a number of key areas, but it does not set out a detailed plan for the next five years. Annual work plans will be defined and agreed each year. This will ensure clear objectives are responsive to changes in the external environment and reflect our latest achievements and challenges.

The following areas are included:

• Our involvement and co-production approach to developing the strategy.

• The context which shapes our strategy.

• A detailed description of our strategy:

  o Our mission, philosophy and strategic ambitions: what we want to achieve at the highest level.

  o Trust-wide strategic programmes. These must be delivered by, and through, all our services. Our strategic programmes are: Quality Improvement and Innovation (QII); Co-production and Service User and Carer Involvement; Collaboration and partnership working; the Estates Modernisation Programme (EMP); Transformation.

  o Our service line strategic initiative covering acute and urgent care; community; cognition and mental health in ageing; child and adolescent mental health; forensic, national and specialist.

• Our enabling strategies: Trust-wide strategies that will enable the delivery of our new Trust Strategy: workforce and organisational development; finance and commercial; communications and stakeholder development; research and development; estates and facilities; digital; medicines optimisation.

• Our outline approach to implementing the strategy.

• Acknowledgements: this strategy could not have been developed without the careful and considered input of a wide range of stakeholders, including service users and carers.

• Appendices giving further background, information and signposting to key documents.

The following areas are not included:

• A detailed plan for delivery: this will be developed and refreshed annually, through the Trust's annual planning process. This will be reviewed and monitored by an external reference group including service users and carers.

• Business cases for delivery: these will be developed as required by the delivery plan, and evaluated through the Trust's established business case assurance processes.

• A financial model: financial planning will continue to form part of the annual planning round and be part of standard business delivery.

• Detailed information on current services, including access and pathways, and other current operational performance information. This information is available via the Trust website and will be reviewed and updated regularly.
Assumptions

The delivery of this strategy and the Trust’s continued sustainability rests upon a number of assumptions being met. The Trust Board receives assurance on the delivery of its strategy through the Board Assurance Framework (BAF). Where these assumptions are at risk at not being met, the Trust Board will consider appropriate mitigations. We assume that:

• The new Trust Strategy will support the Trust in becoming an Outstanding organisation, delivering financial targets, meeting performance standards and delivering our Estate Modernisation Programme.

• The Trust is a sustainable organisation and the new Trust Strategy will support continued sustainability.

• There will not be further significant national savings, above the standard 2% requirement, or other national changes, which adversely impact the Trust.

• There will not be significant commissioner QIPP plans that are inconsistent with this strategy and cost improvement plans.

• Increases in demand and activity due to demographic changes will be funded through increased commissioner investment, in line with commissioning intentions.

• The Trust receives commissioner and stakeholder support for the service transformation required to deliver its cost improvement plans.

• Challenges faced by local acute trusts, or the worsening national picture, do not adversely affect the Trust.

• There are no major organisational changes, mergers or demergers.

• There are no significant changes in competition and tendering rules.

• Local authorities, third sector organisations and community groups remain able to participate in collaborative and partnership working.

• There are no other significant changes in the national and local context which adversely affect the Trust.

The Trust Board declares that the Trust will be financially, operationally and clinically sustainable according to current regulatory standards over the period covered by this strategy.
Shaping our strategy

Our Trust

At South West London and St George’s Mental Health NHS Trust we are the leading mental health provider across south west London. We deliver services to people of all ages and as well as serving more than a million people in the boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. We also provide national, specialist and forensic services. We are rated as Good by the Care Quality Commission and have an ambition to be an Outstanding provider by 2021. Our long-standing mission is to ‘make life better together’.

Our mission

By striving to ‘make life better together’, we aim to help service users take back control of their lives, and develop and attain opportunities, roles, relationships and activities that are important to them. By putting service users at the heart of our organisation and excellence at the core of our business, we want to become the first choice for mental health for more and more people.

Our values

We have five core values that outline how we behave towards service users, carers, family and friends and also how we work with external stakeholders, partners and colleagues. We expect to live these values through all our day-to-day work. Our values are:

Figure 1. Our values

Respectful
We are respectful so you feel appreciated and included

Open
We are open so you feel informed and involved

Collaborative
We expect teamwork so you feel connected and supported

Compassionate
We are compassionate and kind so you feel valued and cared for

Consistent
We are consistent in our quality of care so you feel safe and reassured

Our services

Mental health services have been provided from the main South West London and St George’s Mental Health NHS Trust site – Springfield University Hospital in Tooting – for more than 160 years. Over the years, mental health services, philosophies, understanding and treatment have radically changed. We gained Trust status in 1994, and are a centre of excellence for several national mental health services. In addition, the organisation has seen significant changes in the structure of services.
Today we are a modern and forward-thinking mental health provider, delivering services across five service lines:

- Acute and Urgent Care Services;
- Community Services (for adults largely of working age);
- Cognition and Mental Health in Ageing Services;
- Child and Adolescent Mental Health Services (CAMHS); and,
- Forensic, National and Specialist Services.

Our Acute and Urgent Care, Community, and Cognition and Mental Health in Ageing services deliver local services across our five south west London boroughs. CAMHS and Forensic, National and Specialist, services deliver local, regional and national services. A detailed list of services and locations is provided in Appendix 6.

The Trust provides 385 inpatient mental health beds across three sites:

- Springfield Hospital – 279 beds.
- Tolworth Hospital – 39 beds.
- Queen Mary’s Hospital (Roehampton) – 67 beds.

Data from the 2017 Inpatient and Community Mental Health Benchmarking Report identified that, compared with other mental health trusts in England, the Trust:

- Ranks in the lowest quartile nationally for number of adult acute beds per 100,000 weighted population and has the second fewest out of all mental health trusts in London;
- Has the lowest number of older adult beds per 100,000 weighted population overall nationally.

Bed pressures are, therefore, a significant and important factor around the environment in which the Trust operates on a daily basis.

The Trust provides community-based services for service users of all ages from our three hospital sites and many other locations across south west London including, Jubilee Health Centre in Sutton and the Wilson Hospital in Mitcham, 50 GP surgeries and 14 community and social care sites.

Capacity is also stretched in the community. The 2017 benchmarking report identified that compared with other mental health trusts in England, the Trust:

- Ranks in the lowest quartile nationally for the community caseload and has the third lowest community caseload out of the London mental health trusts.

Recent externally commissioned demand and capacity analysis, has found that many Trust based community teams are under resourced for the referral levels they receive and caseloads they hold.

There is clear benefit to service users in having their care managed in a community setting, and this setting has a lower cost than inpatient care, too. However, this requires investment in community-based services, without which there will be continued pressure on the Trust’s inpatient beds.

The Trust moved from a borough based structure to Service Line Management (SLM) in 2017. SLM aligns similar teams and enables us to set core standards for delivery. Moving to SLM also allows us to develop a more robust and appropriate approach to transition for service users who continue to need support as they grow older. Additionally through our SLM
structure we have implemented Clinical Director roles to ensure services are clinically led and that service users and carers are at the heart of everything we do.

Across the strategic NHS landscape, however, there has been a move towards place-based commissioning and care. The challenge for the Trust is to be able to adapt SLM structures to support local, integrated borough delivery. We are engaging with our commissioners, and participating in local borough, and regional, planning structures, to ensure that the benefits of place-based and service line approaches are not in conflict.

Our Care Quality Commission assessment

The Care Quality Commission (CQC) inspected the Trust in 2016 and 2018 and assessed our performance as Good on both occasions. The Trust seeks to achieve Outstanding CQC status by 2021.

The Estates Modernisation Programme

The NHS Premises Assurance Model confirms that the Trust is operating from an aged, non-compliant and inefficient estate. The Trust has calculated that it would cost £40.4m to bring the estate to Physical Condition grade B and Statutory and Non Statutory Compliance grade B.

The Trust has developed an Estate Modernisation Programme (EMP) which will transform our key sites at Springfield and Tolworth, providing state-of-the-art mental health inpatient facilities. The Trust has consulted widely on its EMP. It submitted its Outline Business Case to the government in 2015, and its Full Business Case in January 2018. Some operationally surplus Trust sites will be considered for disposal as part of its Estate Modernisation Programme.

The Trust actively participates in the Patient Led Assessments of the Care Environment (PLACE) assessment programme, which involves internal and external assessments of the ward environment, including cleaning, food, maintained environment, signage, privacy and dignity and waste management.

The Trust has a robust approach to facilities and environmental planning but has some way to go before it delivers its carbon reduction commitment, to achieve a 34% saving in carbon use by 2020.

South London Mental Health and Community Partnership

Collaboration and joint working are both key to how we deliver services in the future. Together with South London and Maudsley NHS Foundation Trust (SLaM) and Oxleas NHS Foundation Trust, we have established the South London Mental Health and Community Partnership (SLP). The SLP covers 12 London boroughs (Bexley, Bromley, Croydon, Greenwich, Kingston, Lambeth, Lewisham, Merton, Richmond, Southwark, Sutton, Wandsworth), with a resident population of over 3 million, from 90 different nationalities and communities, speaking over 200 languages.

The SLP vision includes:

- A unified approach to delivering mental health and community services across south London, configured around the needs of the population we serve.
- A greater borough-based population focus, bringing services and the workforce together across sectors, whilst consolidating specialist expertise and helping to improve accessibility in the community.
- Bringing providers together into a coordinated system, managing demand and resources more effectively, by pooling expertise and taking advantage of economies of scale.
NHS England has delegated budget responsibility for CAMHS Tier 4 and Forensic services to the SLP through the new models of care programme. Key areas for delivery are reducing length of stay and out-of-area placements and improving cost effectiveness. Additionally the SLP is exploring opportunities to improve the quality and value for money in adult specialist mental health placements; the acute and urgent care pathways; nursing and wider workforce development; and, back office (corporate) efficiencies. The SLP has an additional work stream reviewing productivity improvements, in line with the Carter Review, around productivity for mental health and community services (2018), and with the Getting It Right First Time (GIRFT) programme (launched 2017), both of which promote a reduction in unwarranted, or unjustifiable, variation.

Our workforce

Our staff underpin everything that we do.

The Trust's workforce profile has remained relatively constant over recent years: nearly 80% of staff are clinical in occupational groups such as medical, nursing, healthcare assistants and support staff, allied health professionals, scientific, therapeutic and technical staff, and student nurses.

The Trust has a diverse workforce which largely reflects the local population; 49% come from White backgrounds, 30% from Black backgrounds and 10% from Asian backgrounds. The majority of the Trust’s workforce is female. In common with other NHS organisations, the Trust has significant workforce challenges around recruitment and retention. The Trust reviews performance against key workforce metrics at each meeting of the Trust Board. These reports can be accessed on the Trust’s website.

The annual NHS Staff Survey provides an opportunity for the Trust to benchmark itself against other organisations, including mental health trusts. The analysis of the Trust's 2017 results, when triangulated with other workforce data, shows that the Trust must focus to improve staff experience at work in the following areas:

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2 http://www.nhsstaffsurveys.com/Page/1071/Latest-Results/Mental-Health-Learning
• Working conditions: including workload, consistent application of policies, health and well-being.
• Relationships at work: including bullying and harassment, valuing staff.
• Involvement in change: including staff engagement, communications.
• Listening and acting on staff feedback: including senior management visibility, acting upon concerns and incidents.

The latest national Staff Survey results may be accessed on the NHS Survey Coordination Centre website.²

Recruitment and retention are key areas of focus for the Trust. The Trust has joined the NHS Improvement Retention Improvement programme, and has submitted a plan aimed at reducing turnover amongst clinical staff. Health Education England funding has reduced by 60% over the two years preceding this strategy, which has limited the development opportunities available to our workforce.

Our finances and funding

During the year 2017/18 the Trust received £166m in income from:

• Local CCGs (Kingston, Merton, Richmond, Sutton and Wandsworth) fund local services. This accounts for 70% of our total income.
• NHS England funds for specialised regional and national services accounts for a further 20%.
• CCGs outside of south west London provide a further 5% of our funding for services to people registered outside of the five boroughs.
• Local Authorities fund specific areas such as substance misuse. This accounts for a further 2%.
• Other sources: 3%.

Although the Trust expects to receive some investment in additional and expanded services in line with a national focus on mental health, no significant change to these income proportions is anticipated within this strategy.

The Trust has a strong history of good financial management, returning surpluses, before technical adjustments, in each of the last five years:

This performance has been achieved through a combination of strong financial control and continued delivery of national and local savings targets despite, for example, facing significant capacity pressures and associated expenditure.

During 2017/18, the Trust achieved savings of £5.7m and reduced expenditure on agency staffing from £15.1m in 2016/17 to £8.0m, a 47% reduction. The Trust also finished the year with a healthy cash balance of £18.4m.

Overall financial performance is measured by NHS Improvement via the “finance and use of resources” rating (which measures profitability, liquidity, capital servicing coverage and agency use). In 2017/18 the Trust scored an overall ‘1’, the highest possible score.

The Trust has an asset base of £180m and has historically spent in the region of £10m each year ensuring its buildings and equipment are fit for purpose. The amount spent on capital expenditure will increase as the Trust progresses its Estate Modernisation Programme.

The Trust reviews its financial and efficiency performance at each meeting of the Trust Board.

Funding levels from CCGs remain variable. The NHS Benchmarking Network’s report to the Trust (2017), showed that mental health funding per head of population, weighted to take account of levels of mental health need in the population, was, in all south west London CCGs, below both the England and London average spend, with Kingston the lowest in the whole of London.
CCGs have been required to publish their spend on mental health since 2016/17 and in 2018/19 will be required to meet the Mental Health Investment Standard (MHIS). The MHIS requires CCGs to confirm that their investment in mental health rises at a faster rate than their overall programme funding. For 2016/17 and 2017/18 all south west London CCGs achieved the MHIS, except Richmond. All south west London CCGs have seen increases in mental health spend across all providers, over the last three years.

Figure 5. South west London CCG total mental health expenditure (all providers), 2015/16 to 2017/18
Not all investment in mental health by local CCGs is received by the Trust; in 2017/18 the Trust received only approximately 55% of local CCG mental health expenditure. In south west London, CCGs commission a range of services from other providers including, for example, CAMHS tier 2 provision; IAPT services in Richmond, Merton and Kingston; and mental health placements (residential step down and community support services).

There may be some opportunities to regain some services, previously lost through tenders, as these are re-procured at the end of their contract term. With the development of more collaborative and integrated working between providers, however, there are likely to be fewer services tendered.

Funding available from local authorities for public health services (such as substance misuse) has decreased year-on-year from 2015/16 to 2018/19. Local authorities currently receive a ring-fenced public health grant; this will end in 2019/20. In 2016/17 one area, Wandsworth, had public health spend per head of population higher than the London average. All other local boroughs were below the London average. In the same period, only Wandsworth and Kingston had social service spend per head of population higher than the London average.

Performance

The Trust’s performance is routinely reported to the Trust Board in the monthly Quality and Performance Report. Performance is reviewed at each meeting of the Trust Board, against the five CQC domains of self, effective, caring, responsive and well-led. The Trust uses benchmarking data where available to drive quality improvement and monitor performance. The Trust compares itself against other London Mental Health Trusts and the average for England.

NHS Improvement’s Single Oversight Framework (SOF) provides a means for assessing whole organisational performance, including quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. In keeping with most London mental health trusts, the Trust currently has a segmentation score of 2 (providers offered targeted support) on the Single Oversight Framework (segmentation scores range from 1, for providers with maximum autonomy to 4, for providers requiring special measures). Use of resources ratings as currently reported by NHSI may be accessed via the Provider Segmentation link provided on its website. The Trust’s SOF performance against the ten SOF operational metrics which have an associated target can be found in the Trust Board papers, which may be accessed on the Trust’s website.

Variation between boroughs is also considered as part of performance review with the Trust. Some variation is related to commissioning difference between different areas, not all of which is explained by different population needs. Such differences in service availability are addressed through annual contracting and business planning cycles. However, there are also operational variations highlighted by the Trust’s performance reports to Trust Board,


which may be accessed on the Trust’s website \(^5\) and also in the national Mental Health Five Year Forward View Dashboards. \(^6\) As examples:

- Service users on a Care Programme Approach (CPA) followed up within seven days of discharge ranges from nearly 98% in Sutton to 93% in Wandsworth. Compared to other London services, the Trust is largely middle-ranking, but has more to do in Wandsworth;
- Service users on a CPA in employment ranges from 11% to 15% across south west London but all five boroughs are in the top seven boroughs across London.
- Service users on a CPA in settled accommodation ranges from 90% in Richmond to 36% In Sutton.

**National access and waiting time targets** exist for: treatment commencing within 18 weeks of referral; expansion in access to services for children and young people; expansion in access to specialist perinatal mental health treatment; Improving Access to Psychological Therapies (access and recovery targets); early intervention in psychosis (receiving NICE-recommended treatment within 2 weeks of referral); acute hospital-based psychiatric liaison services; and, access to liaison and diversion services (multi-agency assessment and referral within police custody and the courts). We provide all these services and are required to meet these targets. Our latest performance reports are included in board papers and can be found on the Trust's website. \(^7\)

**Service user experience** is a key indicator of performance and outcome for the Trust. The 2017 Inpatient and Community Mental Health Benchmarking Report, shows that the Trust could be performing better on the NHS Friends and Family Test, at 80% against an average satisfaction score of 85.3%. The Trust is represented in the chart below by the red bar, and other London trusts are represented by a green bar. The average response rate is low at just 133 per month. Both average satisfaction and response rate are Single Oversight Framework measures.

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For overall experience, the Trust is middle-ranking when compared with London and with all England trusts, with a score of 7.1 in the CQC’s recent community mental health survey (2017). It should be noted that the CQC’s survey is based on a relatively small sample (182 responses, response rate of 22%, compared with 26% nationally). The Trust has implemented the Children and Young People Improving Access to Psychological Therapies Experience of Service Questionnaire in its CAMHS service and in the latest month feedback was positive overall for providing help, listening and recommending to a friend at an average of 90%. 
Local context

The Trust is part of the wider local health and care economy and local communities in south west London. The changing shape and needs of various population groups and local boroughs impact on our current and future service delivery.

Demographics and key facts

In line with national changes, the population in south west London is growing and ageing. The resident south west London population is expected to grow on average by 5.1% with the greatest increase in the over 65 year olds age group. People are living longer, but with more complex, and often multiple, health needs. Life expectancy varies by more than nine years between our richest and poorest areas, and is even greater for individuals with serious mental illness. Additionally the population is diverse. The proportion of black and minority ethnic (BAME) communities represented in our five boroughs is forecast to remain stable, with people from Asian backgrounds being represented across all five boroughs, and people from black African and black Caribbean communities particularly represented in Wandsworth, Merton and Sutton. The population overall is becoming more ethnically diverse. The balance of gender is projected to remain in similar proportions as the overall population rises. Religious affiliation is reported as predominantly Christian, followed by Muslim and then 'no religion'.

The South West London Health and Care Partnership’s report, One Year On, provides the following key information at Local Transformation Board level: Kingston and Richmond; Merton and Wandsworth; Sutton.

Kingston and Richmond

- Population – 420,000.
- The residents of Kingston and Richmond are, on average, less deprived compared to other boroughs in London.
- The number of over 65 year olds is projected to increase by over 50% in the next twenty years.
- Life expectancy is 81.8 years for men, and 85 years for women, which is slightly above the national average.

Merton and Wandsworth

- Population – 585,000.
- The populations of Merton and Wandsworth are predicted to grow over the next 10 years: 10% in Merton and 7% in Wandsworth.
- The residents of Merton and Wandsworth are, on average, less deprived compared to other boroughs in London. However, there are significant health and social inequalities in both boroughs with an associated gap in life expectancy.
- Life expectancy is 9.3 years lower for men and 4.5 years lower for women in the most deprived areas of Wandsworth, compared with the least deprived areas.

Sutton

- Population – 200,000.
- Sutton residents live in one of the healthier boroughs in England. Sutton has an increasingly young population. People living in Sutton live longer than average. However, there are big differences across the borough.
• Life expectancy is 80.8 years for men, and 83.55 years for women, which is slightly above the national average.

The South West London Health and Care Partnership

The NHS, local councils and the voluntary sector in south west London are working together to deliver better care for local people as the South West London Health and Care Partnership (SWL HCP). The SWL HCP includes provider and commissioner organisations and covers six south west London boroughs (Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth). Our Trust is a member of the SWL HCP. It should be noted, however, that we do not provide services in Croydon.

The SWL HCP published its Sustainability and Transformation Plan (STP) in November 2016, which set out how health and care organisations would work together to improve care and services, including in mental health, for people in south west London.

Over 2017, the SWL HCP spoke with over 5,000 local people, including those who less often share their views about plans for south west London and their experiences of services. Of direct relevance to the Trust and this strategy, is that people reported low confidence in current mental health services due to perceptions of poor quality, closures, long waiting times, underfunding and inability to cope. People supported a holistic approach, incorporating physical conditions and coordinating with multiple organisations, but questioned how this would work in practice. It was felt that significant investment in training and additional skills would be needed for GPs. There was a consistent view that there needs to be 24/7 crisis support for people with mental health conditions and their families. They agreed that Accident and Emergency Departments are not the best place to receive this care. It was also felt that the local health and care system needs to support people to maintain their health and wellbeing so they don’t reach a crisis point. Local people have said that they were worried that not enough money is being invested in mental health services in order to meet the growing demand. People felt that there is still a lack of parity between the treatment of physical illness and mental health illness by the NHS, with physical health conditions treated before mental health, or with the conditions being treated completely separately. Parents have said that they found it hard to navigate the system and know where to find help; more could be done to signpost them to local support services and help their children transition smoothly to adult services.

In November 2017, the SWL HCP, published One Year On, which strengthens the focus on partnership, prevention and keeping people well. One Year On is available on the SWL Health and Care Partnership’s website. 8

The SWL HCP mental health programme is delivered through two routes:

• The South West London Mental Health Network (SWL MHN) and annual Mental Health Delivery Plan.
• Local borough place-based health and care integration programmes.

The SWL MHN has drafted four key aims:

• No person takes their own life.
• No person attends A&E for a mental health crisis.
• Everyone with a long-term condition (LTC) receives support for their mental health.
• People with serious mental illness have the same life expectancy as the general population.

The Mental Health Delivery Plan includes:

- Championing children and young people’s mental health and prioritising investment into this area.
- Expanding perinatal mental health services.
- Standardising crisis service provision.
- Reducing numbers of suicides.
- Supporting dementia diagnosis and post-diagnostic support.
- Support IAPT expansion for long term conditions and with co-location with primary care.
- Working to support improved physical health for people with serious mental illness including health checks.
- Promoting and supporting equality especially around ensuring suitable mental health services provision for people from BAME communities and considering the needs of carers, including young carers.
- Implementing expanded Individual Placement Support services.
- Focusing on variation in services using the community services demand and capacity review.
- Prioritising delivery of Early Intervention in Psychosis waiting times and eliminating inappropriate out of area placements.

The Trust supports the implementation of the draft aims and Mental Health Delivery Plan. Place-based care programmes are about encouraging providers and commissioners to collaborate effectively and develop integrated, accessible services for all. The south west London CCGs are at different stages of developing place-based integrated care:

- Kingston Co-ordinated Care is moving to an Integrated Care Partnership (ICP) approach of working in partnership to improve the health and care in Kingston with discussions over capitated budgets and gain/risk share.
- Merton and Wandsworth are developing Multispecialty Community Provider approaches, which is a form of ICP with one lead provider. There is also work in place around looking at incentivising system change.
- Richmond is developing outcomes-based contracts for mental health and physical health.
- Sutton Health and Care is developing an ICP for its local area with one lead provider under an alliance contract model.

**Wider London**

Outside of our local area, the Trust is involved in London-wide programmes of work such as the Healthy London Partnership which comprises of the Mayor of London, NHS England, Public Health England, London councils and CCGs to work towards London becoming the world’s healthiest major city.

Two million Londoners from all walks of life experience some form of poor mental health every year. Thrive London, supported by the Mayor of London and the London Health Board, is a citywide movement for mental health. It strives for London to be:

- A city where individuals and communities are in the lead.
- A city free from mental health stigma and discrimination.
• A city that maximises the potential of children and young people.
• A city with a happy, healthy and productive workforce.
• A city with services that are there when and where they are needed.
• A zero suicide city.

The Mayor launched a draft Health Inequalities Strategy in 2017, to help create a healthier and fairer society, and to help make the healthy choice easier for everyone, including the most disadvantaged. The final Health Inequalities Strategy will be published in 2018.
National context

Besides operating at a local and regional level, the Trust works within the broader national context for the NHS. The current focus on mental health offers opportunities for service development and investment. However, system challenges around funding and workforce also present challenges.

Focus on mental health

No health without mental health

More than ever before, people are willing to talk about mental health, yet stigma has not disappeared, despite one in four of us suffering from a mental health condition each year. Mental health is a concern for all ages, and can have a lifelong impact as a chronic condition with periods of remission and relapse. It is everyone’s business: individuals, families, employers, educators and communities. We all need to play our part.

Around half of people with lifetime mental health problems experience their first symptoms by the age of 14. Almost half of all adults will experience at least one episode of depression during their lifetime. About one in 100 people has a severe mental health problem, such as schizophrenia or bipolar disorder. People with serious mental illness die 15 to 25 years earlier than the rest of the population. The impact of a mental health condition can be broad, affecting the individual at work, in society and in their family, co-existing with, and complicating, physical health conditions. Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults. The 2013 Chief Medical Officer’s report estimated that the wider costs of mental health problems to the UK economy are £70–100 billion per year: 4.5% of gross domestic product (GDP).

Whilst mental health is a concern for us all, its impact can be uneven: social inequality of all kinds contributes to mental ill health, and, in turn, mental ill health can result in further inequality. And there are some conditions which continue to attract less exposure than others. For example, obsessive compulsive disorder (OCD) was estimated by the World Health Organisation to be the 11th leading cause of non-fatal burden in the world in 1990, accounting for the same percentage of years lost to disability as schizophrenia.

The current and previous governments in the UK have increased investment in mental health. The public health strategy, Healthy Lives, Healthy People, is built on the previous government’s intention to improve existing services for people with mental health problems and to tackle the wider underlying causes of mental ill health. Healthy Lives, Healthy People gave equal weight to both mental and physical health, and this led, in 2011, to No Health Without Mental Health. No Health Without Mental Health set out six core objectives to improve the focus on mental health care: more people will have good mental health; more people with mental health problems will recover; more people with mental health problems will have good physical health; more people will have a positive experience of care and support; fewer people will suffer avoidable harm; and, fewer people will suffer stigma and discrimination.

The Five Year Forward View for Mental Health

The Five Year Forward View for Mental Health, published in 2016, is a cross-governmental blueprint that lays out a single programme of commitments for the whole mental health sector. It covers a number of areas for change: challenging stigma; introducing initiatives to promote mental health and prevent mental ill-health; reducing the suicide rate; improving access to high-quality services; tackling inequalities in mental health, especially for people from black and minority ethnic groups; giving people a choice of interventions; ending out of area placements; and, integrating physical and mental health care. It built on the earlier Five Year Forward View (2014), included recommendations for new organisational forms, to
better integrate care, and enable commissioners and providers to take shared responsibility for how they operate their collective resources for the benefit of local populations.

Also in 2014, the Children and Young People’s Mental Health and Wellbeing Taskforce was established and considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided. The Taskforce published its report, *Future in Mind*, in 2015, which identified a number of key themes for creating a system that properly supports the emotional wellbeing and mental health of children and young people: promoting resilience; prevention and early intervention; improving access to effective support; care for the most vulnerable; accountability and transparency; and, developing the workforce.

Since the *Five Year Forward View for Mental Health* and *Future in Mind* were published, there has been an additional investment, nationally, of £1.4 billion. More people, including children, are getting specialist mental health treatment. The dementia diagnosis rate has increased enabling earlier care and support. Further investment is being delivered around perinatal mental health services, Individual Placement Support (employment support) and improving access to psychological (‘talking’) therapies, better physical health checks for people with a mental health condition, specialist mental health services for veterans, new specifications for forensic services, and investment in mental health provider technology. NHS England (NHSE) reports on investment through its Mental Health Five Year Forward View Dashboard. NHSE’s reports may be accessed on its website.9

**National challenges**

**Funding**

The whole health and care system is under considerable financial pressure. Funding allocated to mental health has been, and remains, variable. In 2016, the independent Mental Health Taskforce to the NHS in England reported, in *The Five Year Forward View for Mental Health*, a twofold difference in apparent per head spend by CCGs, a more than threefold difference in excess premature mortality in people with mental health problems in England and a fourfold variation in mortality across local authorities. For children and young people there is wide variation in spend in both the NHS and local authorities. Reductions in local authority budgets are also leading to rising pressures on important components of mental health care e.g. social care and residential housing.

In this context, the five year NHS funding plan announced in June 2018, which will see the NHS receive increased funding of £20.5 billion per year by the end of five years (an average 3.4% per year overall), is very welcome. However, the funding increase only applies to NHS England’s total funding – which pays for NHS care – and not the wider Department of Health and Social Care, which also covers a number of closely related budgets such as health education and training, and public health. The funding will be front-loaded with increases of 3.6% in the first two years, which means £4.1 billion extra across the NHS in 2019/20.

This long-term funding commitment means the NHS has the financial security to develop a ten-year plan. The plan priorities include:

- Getting back on the path to delivering agreed performance standards: locking in and further building on the recent progress made in the safety and quality of care.
- Transforming cancer care so that patient outcomes move towards the very best in Europe.

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Better access to mental health services, to help achieve the government’s commitment to the mental health investment standard, where each CCG is required to increase its investment in mental health by at least the increase in its overall allocation, delivering ‘parity of esteem’ between mental and physical health.

Better integration of health and social care, so that care does not suffer when patients are moved between systems.

Focusing on the prevention of ill-health, so people live longer, healthier lives.

The government will set the NHS five financial tests to show how the NHS will do its part to put the service onto a more sustainable footing:

- Improving productivity and efficiency.
- Eliminating provider deficits.
- Reducing unwarranted, or unjustifiable, variation in the system so people get the consistently high standards of care wherever they live.
- Getting much better at managing demand effectively.
- Making better use of capital investment.

**Productivity**

Getting It Right First Time (GIRFT) is a national programme designed to improve medical care within the NHS by reducing unwarranted, or unjustifiable, variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings. The mental health work stream is under development, following the recent appointment of its clinical lead.

Lord Carter’s *NHS operational productivity: unwarranted variations in mental health and community health services*, published in May 2018, makes recommendations with regard to sharing good practice; improvements to the engagement, retention and wellbeing of staff; extension of GIRFT to mental health and community services; use of mobile working and technology; all areas of spend, including corporate services, procurement and estates.

**Workforce**

The *Five Year Forward View for Mental Health* sets out targets and ambitions for increasing access to mental health services, and reducing waiting times. The *Five Year Forward View Mental Health Workforce Plan* makes clear that no one organisation can produce the required workforce in isolation. Delivery will require providers, such as our Trust, commissioners, national bodies, local authorities and the third sector to work together to ensure that the NHS recruits, trains and retains the staff that we need.

There is a shortage of supply of suitably qualified workforce especially in nursing, psychiatry and psychology/psychotherapy. The removal of nursing bursaries may have a particular impact on numbers of nurses being trained, and the UK’s departure from the EU, may have an additional impact on the supply of EU/EEA nationals within NHS trusts. Recruitment and retention is a key risk across the NHS and we need to develop increasingly innovative strategies to ensure that we have the required future workforce.
Constraints and risks

There are a number of parameters that act as constraints for the new Trust Strategy:

- Financial challenges at national and local level: the Trust must continue to meet financial requirements. The Trust will continue to advocate for additional investment in mental health services wherever possible. This strategy must support financial sustainability.
- Our estate: the Trust is committed to delivering our Estate Modernisation Programme (EMP) and this is a key feature of our strategy.
- Workforce challenges at national and local level: this strategy will seek to support innovative solutions and new role development. Our staff will be better supported and engaged in the strategy delivery.
- Performance targets: the Trust must meet required performance targets and this strategy supports this.

Beside constraints, there are a number of risks to the successful delivery of this strategy. These include:

- Inability to retain and recruit staff with the necessary skills.
- Constraints on partner organisations and, in particular, on funding for social care and third sector work programmes.
- Failure to achieve financial targets.
- Insufficient income to cover our costs and a loss of contracts.
- Inability to reduce our length of stay and demand for inpatient beds and shift from inpatient to community-based care.
- Rise in demand, due to population changes and increasing prevalence, in excess of our capacity to deliver high quality, with reasonable waiting times.
- Insufficient transformation of service delivery and design and a failure to embed the Quality Improvement and Innovation (QII) programme to drive continuous improvement.
- Failure to deliver the Estate Modernisation Programme (EMP).
- Failure to respond to equality and diversity issues.
- Lack of support for the new Trust Strategy from external stakeholders, service users and carers.
Our strategy described

Our mission, philosophy and strategic ambitions

As part of our ongoing programme of improvement and development, we need to continue to adapt to our changing environment and challenge ourselves to fulfil our long-standing mission of ‘Making Life Better Together’. We have developed four new strategic ambitions that will guide our work. Our philosophy sets out how we will work and our work programmes provide the tools, techniques and structure to deliver.

Our mission: Making Life Better Together

The Trust has long had ‘Making Life Better Together’ as part of its mission and, whilst we have delivered significant change and development across our organisation and our services, we recognise that we still need to do more to turn this phrase into reality. We have looked at what staff have told us through the staff survey and we know there are things that we can change. A recent (2017) meta-review of work-related risk factors for common mental health problems supports the development by organisations of interventions that will allow the workplace to promote good mental health. The meta-review groups factors into three areas: imbalanced job design, occupational uncertainty and lack of value and respect in the workplace.

To this end, in 2018 we are launching the ‘Making Life Better Together’ (MLBT) programme under the leadership of the Chief Executive and the Trust Board. MLBT is different to how we have delivered previous organisation-wide programmes. It does not involve a top-down bureaucratic approach. It is not about targets or numbers. It is not even about saving money. MLBT is about working together to make the everyday changes we know will help improve the lives of staff, service users and carers and the community we serve.

MLBT has three work streams – around service users and carers, staff and communities – that will each identify new ideas, innovations and developments that are being delivered in parts of the Trust and can be shared and ‘scaled up’, or external opportunities to improve and enhance the way we work and the services we deliver. MLBT is based on collaboration and co-production and will be a vehicle for organisational development. There are lots of ways that we can make life better together. Some of this will be straightforward like improving local clinical and working environments, or by getting staff ideas heard by senior managers. Equally some of this will take longer as we work to get the right culture in place by changing some of things that staff indicate that the Trust has not been getting right. MLBT will provide all staff with an opportunity to put forward improvement ideas for consideration by a Staff Council and the Trust Senior Leadership Team.

‘Making Life Better Together therefore remains our Trust mission and also becomes a lived experience supporting tangible changes.
Our philosophy

We are committed to developing our services and organisation in partnership with service users and carers. Wherever possible we will use the approach of co-production, involvement and engagement. We remain recovery-focused but our approach has evolved over time. Our future delivery aspires to be:

- **Outcomes focused**: Delivering clinical and quality improvements in the health and wellbeing of service users and carers, and demonstrably improving service user experience.
- **Asset based**: Utilising the expertise and contributions from across our community to mobilise change.
- **More focused on prevention and early intervention**: Emphasising and improving secondary prevention and working with others to promote health and wellbeing for all.
- **Collaborative**: Identifying and working with a range of service users, carers (including young carers), partners and community groups, to strengthen pathways.
- **Influential**: Advocating and negotiating for increased profile for mental health services and increased funding. The Trust will act as a system leader in this area.

Our strategic ambitions

In 2015, as part of the then Clinical Strategy, the Trust developed and agreed six strategic objectives:

- Improve quality and value.
- Improve partnerships.
- Improve co-production.
- Improve recovery.
- Improve innovation.
- Improve leadership and talent.

Whilst these themes remain relevant, feedback tells us these are not specific enough to guide and frame changes in delivery. We believe the time is now right to build on our strategic objectives and set new strategic ambitions which specifically focus on delivering improved outcomes.

We have developed four new strategic ambitions:

- Increasing quality years.
- Reducing inequalities.
- Making the Trust a great place to work.
- Ensuring sustainability.

Our new strategic ambitions have been confirmed by the Trust Board and will act as a framework to guide and shape our delivery over the next five years. The strategic ambitions have been developed and tested through engagement with service users, carers, external stakeholders and our staff.
The key elements for each of these ambitions are set out below.

**Increasing quality years**

We know that people with serious mental illness die 15 to 25 years earlier than the rest of the population. Even mild mental illness has a negative impact on quality of life. We have an important part to play in increasing the number and quality of life years for people in south west London with any mental health condition, across their whole lifespan.

We need to ensure that our focus is on improving health outcomes for service users and ensure these are defined and measured in ways that are meaningful to service users and carers.

Promoting a recovery focus remains central to our work and extends to all areas including housing, employment and relationships. Service users need to be able to make choices in their care and achieve goals they set for themselves. Prevention and early intervention activities are important as is our recovery focus. The prevention and early intervention portfolio can be described as primary, secondary or tertiary. Primary prevention includes public health initiatives at population level. Secondary prevention aims to reduce the impact of ill health that has already occurred, and tertiary prevention aims to reduce the impact of any ongoing condition that has lasting effects.

Our programme on increasing quality years will include:

- Developing a co-produced programme of work between clinicians and service users and carers and reaching agreement around how to measure change and impact.
- Reducing the gap between average mortality in people with serious mental illness and that of the general population.
- Participating in the Healthy London Partnership ‘Stolen Years’ programme.
- Implementing a ‘zero suicide’ approach and reducing suicides.
• Reducing the number of children and young people who self-harm.
• Implementing clinical outcomes measures, for example, DIALOG and linking to care planning.
• Expanding recovery activities and support for example via our Recovery College and partners.
• Delivering health checks and increased secondary prevention activities for our service users, carers and young carers including, for example, support with medicines use, smoking cessation, exercise and healthy eating.
• Working with community partners, public health teams and social prescribing models to facilitate a wellbeing approach.
• Working to implement integrated care models to ensure holistic approaches to care and treatment across physical and mental health services.

Reducing inequalities
We know that inequalities exist around access and care for different groups within the south west London population. We need to be able to respond to diverse population needs and make our services easier to reach. We recognise that some specific population groups may need particular services and we will work to facilitate this. We also realise, however, that all our service users and carers primarily are individuals and we will support people with respect and compassion, offering holistic interventions. Partnership and collaboration are key elements of our strategy and offer opportunities to reduce inequalities. We will work with all stakeholders, across all south west London communities, and particularly with service users and carers. We expect co-production to take an ever more important part in shaping services and driving change.

Our programme on reducing inequalities will include:
• Delivering our Involvement Plan and developing a new Co-production, Involvement and Engagement Strategy.
• Developing a co-produced programme of work between clinicians and service users and carers and reaching agreement around how to measure change and impact.
• Collating and analysing data to identify under- and over-representation of key population groups in our services.
• Reducing the disproportionate rate of admission of people from BAME communities to psychiatric inpatient units.
• Expanding community development work for over-represented groups.
• Increasing the number of people from protected characteristics including BAME communities accessing talking therapies.
• Working towards achieving no disparity in the proportion of service users from protected characteristic communities who feel they have recovered from their illness.
• Reducing disparity in the proportion of service users from protected characteristic communities on CPA (aged 18-69) in settled accommodation and in employment.
• Working with community partners to set up projects supporting and promoting mental health wellbeing, prevention and early intervention.
• Implementing cultural competency training and development for our workforce.
• Continuing to lead local work around reducing inequalities including the implementation of expert panels, and the contribution to local networking and co-production initiatives.

• Identifying and reducing gaps in service through engagement with commissioners, implementing effective transition pathways and collaboration with other providers.

Making the Trust a great place to work

Our staff underpin everything that we do. We recognise our staff are our greatest asset and the delivery of our strategy is only achievable through our staff. We want to make our organisation a great place in which to work. Our values – respectful, open, collaborative, compassionate, consistent – outline how we treat our service users and carers, and work with stakeholders, partners and colleagues. These values must also be reflected in our organisation as a place of work. We need to ensure that our behaviours reflect our values. We want our staff to have excellent health and well-being, in their employment by the Trust. We need to promote a supportive yet accountable organisational culture. We will work with our staff to ensure they feel valued, are supported, have the time and skills to care, as appropriate to people in need.

Our programme for making our Trust a great place to work will include:

• Reinstating our Listening into Action approach and linking this to Making Life Better Together.

• Implementing work at service line and organisational level to tackle the key issues identified in the staff survey: acting on and reducing bullying and harassment; taking actions to improve staff health and wellbeing; and, improving communication.

• Further progressing new role development and developing structured and clear career progression opportunities for all professions with our SLP partners.

• Increasing use of the Trust contribution to the apprenticeship levy.

• Implementing leadership and management programmes to support staff development.

• Valuing and implementing organisational development approaches for our Trust.

• Increasing recruitment from local communities and via partner organisations.

• Developing a diverse workforce reflective of our local populations.

• Developing system leaders to drive improvement, innovation and transformation.

• Improving the NHS staff survey results.

• Increasing the Friends and Family Test results of staff recommending the Trust as a place to work.

Ensuring sustainability

Our organisation must remain sustainable in the face of both external and internal challenges. Our strategy recognises increasing demand could impact on our ability to deliver high quality care. We will address this through operational efficiency, standardisation of core offers and advocacy for increased investment. We will work with our commissioners, partners in the SWL Health and Care Partnership and the SLP to deliver effective services. We recognise the pressures on our local and national commissioners, with regard to the delivery of standards, and achievement of a balanced financial position. Our focus on care that is service user-centred supports sustainability, as it seeks the best value from our income. Our
Estate Modernisation Programme (EMP) will revolutionise the way inpatient services are delivered. We live in a digital world and we will continue to progress the implementation of new technologies to improve our clinical, business and security arrangements e.g. through apps for vital signs monitoring, Skype or FaceTime assessments, video-conferencing, CCTV and ward security scanners. Mobile working will be the standard and our Smarter Ways of Working programme will support and equip our staff to make these changes. Our workforce will be increasingly mobile and enabled to work flexibly.

Our programme for ensuring sustainability will include:

- Delivering our Estate Modernisation Programme which will provide state-of-the-art mental health inpatient facilities.
- Implementing Smarter Ways of Working (SWW) to help our staff utilise the power of technology.
- Conducting modelling and using data robustly to plan and design services and future delivery.
- Delivering operational and service transformation to optimise flow, match capacity to demand and ensure core service delivery offers in all boroughs.
- Improving access to services and information available to service users and carers.
- Reducing unwarranted, or unjustifiable, clinical variation in service delivery.
- Reducing length of stay, delayed transfers of care, readmission rates and unused appointments.
- Benchmarking corporate services to deliver efficiencies and modernise practice.
- Implementing learning from projects and programmes of work.
- Further developing our information and data interrogation to identify opportunities for improvement.
- Delivering financial balance year on year in accordance to our operating plans.
- Reducing our reliance on temporary staff by developing sustainable workforce plans.

For each year we will develop a set of specific objectives, targets and measures of success which underpin our four strategic ambitions.
Trust-wide strategic programmes –
building for the future

The Trust has a number of enabling programmes that form the basis for delivering the new strategic ambitions. The primary areas are:

1. Quality Improvement and Innovation (QII)
2. Co-production and Service User and Carer Involvement
3. Collaboration and partnership working
4. The Estate Modernisation Programme (EMP)
5. Transformation

1. Quality Improvement and Innovation (QII)

Quality Strategy and Priorities

Like many organisations, the Trust is on a journey from quality assurance to quality improvement.

In 2014 we published a Quality Strategy that places the pursuit of excellence in the quality of service provision as our number one priority. Central to this pursuit is our continued focus on the development of our clinical teams so that they can continue to improve the quality and safety of the care we provide. The Quality Strategy sets out our quality vision, our quality objectives and how we will track and evaluate our progress. The three main objectives focus on ensuring services are safe, effective and responsive. Success is defined as follows:

Our services are safe:

- Every single person caring for patients knows how they contribute to a safer, committed, compassionate and caring service.
- There are systematic measures in place to respond to serious incidents.
- These measures protect service users and ensure that robust investigations are carried out, which results in learning from serious incidents to minimise the risk of the incident happening again.

Our services are effective:

- Mental health care and physical health care are better integrated evidenced through the achievement of the Quality Account and Commissioning for Quality and Innovation (CQUIN) targets.
- Clinical audit is a multidisciplinary, integrated system and a mechanism for quality improvement alongside Root Cause Analysis reports, staff surveys, service user feedback etc..
- New ways of working are developed with new job roles and functions, with staff able to work, and be deployed, more flexibly.

Our services are responsive:

- Our focus is demonstrably on the issues that matter to people who use the service.
- People who use our services, their families, carers, young carers, friends and advocates find it easy to share their experiences of care.
• Improved quality of service provision observed by the people who use our services as problems are identified and improvement action taken.

The Quality Strategy is supported by specific, detailed frameworks including, for example, Risk Management (involving the systematic approach to identification, assessment and management of risk across the organisation) and Medicines Optimisation (looking at the value, clinical and cost effectiveness that medicines deliver and empowering service users in effective medicines use and safety).

The Quality Strategy is also supported by our approach to clinical effectiveness. The Trust undertakes clinical audits at national, Trust-wide and local service levels. These result in recommendations and agreed actions for improving service quality. We ensure that services respond to new or updated NICE guidance, including guidance on physical health where relevant for service users. Clinical effectiveness is also promoted through the achievement of Royal College accreditation, such as Psychiatric Liaison Accreditation Network (PLAN) accreditation. The Trust will benchmark its performance on clinical audit against other mental health providers, once this is made available through the Health Quality Improvement Partnership's National Clinical Audit Benchmarking portal.

Through the delivery of the Quality Strategy we have strengthened governance and assurance processes. We are clear on roles, responsibilities and accountability structures and we have formalised reporting and validation processes for reviewing and challenging performance and quality information. We have constructed a stringent quality control cycle which is fit for purpose, flexible and responsive, and not only encompasses every one of our service lines, but makes each of them accountable.

In order to deliver the objectives of the Quality Strategy, the Trust sets annual quality priorities which align as closely as possible with Commissioning for Quality and Innovation (CQUIN) indicators. We develop these areas with key stakeholders including carers and service users and report on our achievement through our annual Quality Account. Each quality priority has both a clinical and operational lead to ensure the work is embedded with the Trust’s service lines.

Our quality priorities have developed and shifted from focusing on structures and processes to provide quality assurance to now impacting on quality outcomes. The 2018/19 quality priorities include work on reducing restrictive practice, improving zoning and care planning in community services, improving service user experience, preventing suicide and improving physical health knowledge for nurses.

**Quality Improvement and Innovation (QII)**

In 2017 the Trust began the development of a Quality Improvement and Innovation (QII) programme and in 2018 committed to investing in a five-year QII programme. A key aim for the Trust is to move from the solid basis of quality assurance – as evidenced and developed through the Quality Strategy and annual quality priorities – to a culture of continuous quality improvement.

Quality improvement methodology works by emphasising innovation, rapid-cycle testing in the field before implementation and spread, generating learning about what changes, and in which contexts, produce improvements. Many mental health trusts have implemented quality improvement programmes, and have demonstrated that the adoption of improvement methodology within a large mental health trust is feasible and appears to promote significant quality improvements and efficiencies.

The Trust QII programme represents a unique opportunity for us to consider how to make structured, positive, impactful changes in all areas of our work. The QII programme requires whole organisation commitment to innovation and change and leadership through a common language, a common way of solving problems and a common set of cultural values.
The QII programme will support embedding our mission of Making Life Better Together and will be the approach that we use to become an Outstanding organisation by 2021.

The QII programme framework can be seen below.

Figure 8. QII programme framework

The QII programme includes:

- Training for at least 10% of the Trust workforce per year.
- Supporting two trust-wide, five service line wide and 40 small bottom-up projects per year.
- Integrating QII into business planning, strategy and quality initiatives.
- Supporting cultural change.

At a partnership level, the QII programme aligns with the South London Mental Health and Community Partnership by providing a common framework for collaboration and learning. All three organisations have implemented the Model for Improvement as the chosen quality improvement framework which enables collaboration on quality improvement initiatives as our staff will have the same capabilities as those in SLaM and Oxleas.

2. Co-production and Service User and Carer Involvement

The Trust is committed to service user and carer involvement and seeks to develop services and make improvements through engagement, involvement and co-production approaches. Involvement of service users and carers can take particular forms. For example this strategy has been developed using an engagement approach which involved service users, carers, community groups and the wider public. For us, involvement is strategically important in establishing the concept of recovery as our underlying model of care, as an enabler for continuous improvement, and for making positive sustainable change in the services we deliver. Involvement can be seen as a spectrum of activities, from information, through consultation, participation, and co-production, to full control. Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change. Co-production involves: development of co-produced services; community engagement and relationship development; stakeholder liaison and management across all five boroughs in south west London.
The Trust has a long history of working with service users, carers and young carers in different contexts and methods, including working closely in partnership with local communities to improve service user experience. There are a number of networks, forums and mechanisms that we use. These include:

- Patient Quality Forum.
- Carers', Friends and Family Group.
- BME Forum Wandsworth.
- Wandsworth Co-production Group.
- Involvement network.
- Successful co production prototypes, such as Talk Wandsworth, Family Therapy, Kingston Café, Kingston Co-production Network.

In addition, the Trust’s service users and carers already shape the way services are designed, run and governed on a daily basis. For example:

- The Recovery College and the Street Triage initiative.
- Phoenix and Crocus ward re-developments and opening of the Lotus Assessment Unit.
- Commissioning and opening of two Recovery Cafes.
- Committee representation including Quality & Safety Assurance Committee, Design Authority Group and Physical Health Committee.

**Co-production Strategy and Involvement Plan**

We have a current Co-production and Service User Experience Strategy that seeks to deliver work around framework and governance, integration, innovation and evidence, networks and leadership and culture. However the strategy does not include aspects of involvement, nor does it explicitly include carers, and as such requires redevelopment in the next year.

In 2018, the Trust's service users and carers developed a Service User and Carer Involvement Plan. The plan was developed using the 'ladder of participation’ as the framework:
The plan aims to deliver a structured approach to service user and carer involvement within the Trust, building on what is already in place, ensuring there are a range of opportunities within the Trust for service users and carers to support service developments and improve the day-to-day running of the organisation. The plan has been presented to the Trust’s Senior Leadership Team and the process of implementation has begun. The objectives of the plan are to:

- Change our culture.
- Increase service user and carer involvement and control.
- Provide opportunities for service users and carers to grow, develop and build new skills.
- Extend the reach of service users and carers to reflect the population that the Trust serves.

The plan defines the appropriate resources to support and facilitate service user and carer involvement within the Trust. It proposes quantitative and qualitative measures which are relevant for the Trust’s strategy, including:

- Number and diversity of service users and carers actively involved.
- Service users’ and carers’ experience and satisfaction.

Carers and the Triangle of Care

Carers are vital partners in the provision of mental health care. Better engagement by mental health services with carers supports more effective planning and delivery of improved outcomes. The importance of the role of carers in supporting the lives of those who use our services, whatever their age, is recognised in our Carers’ Charter (2017). The charter sets
out the Trust’s commitment to identify the carers of service users, to inform them about the care for the service user that they can expect, to involve carers in decision making, and to provide support to carers. We recognise, however, that we need to do more to include and support carers, including young carers.

We have adopted and are implementing the concept of the ‘Triangle of Care’, developed by The Carers Trust, which has been proposed by many carers who wish to be recognised as active partners within the care team. Triangle of Care was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. It focuses on improving carer-staff interactions in dealing with episodes of care, wherever they take place on the care pathway. Triangle of Care recommends better partnership working between service users and their carers, and organisations.

Figure 10. Triangle of care

There are six key elements, or standards, which enable better collaboration and partnership with carers in the service user and carer’s journey through our mental health services:

- Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
- Staff are ‘carer aware’ and trained in carer engagement strategies.
- Policy and practice protocols regarding confidentiality and sharing information, are in place.
- Defined post(s) responsible for carers are in place.
- A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
- A range of carer support services is available.

The Triangle of Care also requires regular assessment and audit to ensure the six key standards of carer engagement exist and remain in place. The Trust is part of the Triangle of Care Membership Scheme, which recognises long term commitment from mental health providers who are working towards cultural change. The Trust is refreshing the Triangle of Care initiative and has a group of staff, carers, local carer organisations and service users working together to ensure it reaches the standard to obtain “Stage Two” of the Carers Trust
Membership Scheme. Guidance on stage membership of the scheme is available via the Carers Trust website.\(^{10}\)

**Service user and carer experience**

We want to work more closely with our service users and carers, including young carers, to improve the quantity and depth of feedback, and to deliver and maintain high service user and carer satisfaction. We regard our current key performance indicators (KPIs) as a proxy for more meaningful outcome measures. We will build the work undertaken by early intervention services on outcomes, and involving service users and carers, to develop Patient Reported Outcome Measures (PROMs), and Experience Measures (PREMs) and Carer Reported Experience Measures (CREMs).

3. **Collaboration and partnership working**

Collaboration, in preference to competition, is a key theme of the *Five Year Forward View*. The Trust has a history of working in partnership and collaborating with other organisations. ‘Working in partnership’ was a principle of the Clinical Strategy (2015), which this strategy replaces. We are increasingly taking a collaborative and partnership approach in our development of services, pathways and initiatives. We recognise the Compact between government and the voluntary and community sector which outlines key working principles.

The Trust works in partnership with provider colleagues in primary care, local authorities, the non-statutory sector, other mental health providers in south London, and local acute secondary care, and with its commissioners, for local and national health, and local social care services. This approach contributes to a sustainable local health and social care system.

The Trust is an active partner in the South West London Health and Care Partnership. This brings together local health and social care commissioners, and local health and care providers, to provide leadership across south west London for the sustainability and transformation of the local health and care system. It is described in more detail in ‘Local context’, above.

The south west London CCGs are at different stages of developing place-based integrated care. The Trust is an active partner in all local initiatives for place-based care.

The Trust is a member of the South London Mental Health and Community Partnership. This brings together the three south London mental health trusts, to provide an innovative and collaborative approach to local mental health services, including new models of care. It is described in more detail in ‘Our Trust’, above.

We currently work with a range of voluntary and third sector organisations to deliver services and programmes including:

- Wandsworth Community Empowerment Network (WCEN).
- One Housing Group.
- Community Drug and Alcohol Recovery Service.
- Hestia.
- Cranstoun.

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The Trust’s commitment to collaboration and partnership working is a key theme of its enabling strategies, which are set out in further detail towards the end of this Trust-wide strategy.

The Trust’s Quality improvement and innovation (QII) programme aligns with the South London Mental Health and Community Partnership by providing a common framework for collaboration and learning. All three organisations have implemented the Model for Improvement as the chosen quality improvement framework which enables collaboration on quality improvement initiatives as our staff will have the same capabilities as those in SLaM and Oxleas.

The Trust’s commercial approach, whilst necessary for the Trust’s own sustainability, recognises the need for the sustainability of mental and physical health services across south west London. Developing partnerships are an important activity for the transformation, retention and acquisition of services.

Transformation depends in part on the development of the Trust’s digital infrastructure. The Trust’s Digital Strategy adopts collaboration as an important activity in delivering the Trust-wide strategy, and in achieving the ambitions of the local Sustainability and Transformation Programme and of the South London Mental Health Partnership with SLaM and Oxleas.

4. The Estate Modernisation Programme (EMP)

In 2014 a public consultation took place on the future locations of mental health inpatient facilities for the Kingston, Merton, Sutton, Richmond and Wandsworth boroughs. This included looking into a range of specialist mental health inpatient services to serve a wider catchment area. The Trust’s Estate Modernisation Programme (EMP) that followed the consultation is a key strategic development for delivery of improved quality and clinical services. It will revolutionise the way mental health services are delivered in south west London for generations to come and will also provide new facilities for our local community.

The EMP will deliver:

- Two new campuses, at Springfield and at Tolworth, with first class inpatient facilities: delivering the best care for our patients.
- A 32-acre public park: providing excellent outdoor space for our community.
- Extensive community healthcare: treating people closer to their families and their home.
- Brand new homes: providing housing for local Tooting families.
- A state-of-the-art new school: investing in our children’s future.
- Over £5million for new transport facilities: boosting transport links for local residents.

Estate planning, design and service configuration principles

The Trust has agreed a number of principles around EMP.

Critical mass is required with at least three wards on any site to comply with the Royal College of Psychiatrists recommendation on a safe model of care. The required number of beds cannot fit onto one site so inpatient facilities will exist at both Springfield and Tolworth. Forensic services will remain at Springfield due to complexities in achieving planning permission for forensic inpatient facilities. The inpatient built environment will comply with guidance around safety, privacy, dignity and equalities/disabilities. All wards will have single bed en-suites, appropriate gender separation, direct access to outdoor space, social space, therapies and private space for visitors. All bedrooms will have natural light and views out.

In terms of service design, CAMHS services will be co-located with other community-based health and social care provision, wherever possible. Working age and older adult acute
inpatient services will be located as locally as possible. Adult eating disorder services will be based close to an acute hospital, which has appropriate medical support. Crisis teams for working age adults and child and adolescent services will be co-located with inpatient wards. Community services should have access to support facilities across the boroughs which provide for multi-disciplinary activity (avoiding isolated/outpost working) and mobile working with full access to electronic records and communications. Community services should be provided as far as possible in settings which are close to where people live and are alongside other health and social care services.

The EMP will also have an impact on our delivery of services in community settings. We will work with our Estates team to ensure the best standard of clinical space for our service users, in each borough, co-located with high quality administrative support space.. We want our services to be as local as possible, and situated in the communities that we serve. We expect this to be delivered through, for example, provision from the East Merton Health and Wellbeing Centre, and from Nelson Health Centre. We intend our services to be delivered away from Springfield Hospital, where possible, as part of the delivery of the EMP. As part of this programme, we will work to review the impact of the EMP on community-based services, and to identify opportunities for supporting community outreach.

In order to support staff, the Trust has implemented a ‘Smarter Ways of Working’ (SWW) programme which looks at effective use of technology and mobile working. This is part of the Digital Strategy which is described later in this strategy.

The EMP will primarily be self-funded through selling surplus land no longer needed for our services, and must be affordable. Considerable work has been completed on business case development and review by the Treasury is currently underway.

The Trust has established an EMP Board to manage the ongoing programme of projects which will continue the service and estate analysis to realise the potential reduction in community estate which the current community modelling proposes.

5. Transformation

The Trust is committed to transformation of services to ensure we deliver the best care possible for our service users and our community in the coming years. Transformation is a deliberate, well planned and well managed process that intends to make significant changes to how services are delivered, what staff do, and the role of service users and carers. Real transformation should result in substantial and measurable improvement in outcomes, service user, carer and staff satisfaction, and financial sustainability.

The biggest challenge for us as an organisation lies, not just in using a robust methodology to make improvements, but in delivering a wholesale approach to transformation and ensuring transformation is implemented and sustained. Transformation in our Trust requires the redesign of operational services.

The Trust is implementing a transformation programme which will have several key work streams:

- **Demand, Efficiency and Quality.** This work stream aims to improve outcomes for service users and reduce bed occupancy through reducing the average length of stay of admissions on a sustained basis. Projects in this work stream seek to support inpatient wards and community services to work in a coordinated and cohesive manner, underpinned by lean and robust systems. Projects will focus on ensuring that admissions are purposeful, pathways are robust, and that discharge planning takes place as early as possible.

- **Complex Care.** Complex care is focused on reducing the number of service users with complex needs who are placed out of area. This work stream is a South London Mental Health and Community Partnership (SLP) programme and the Trust is
committed to working with SLP partners on short, medium and long term elements of work including data analysis, clinical assessment of service users and repatriation (which may include step down) closer to home.

- **Community Transformation.** A Community Transformation Board has already been established and is overseeing the delivery of priority work streams in the Community service line that comprise the transformation programme, including:
  - Benchmarking, demand and capacity and standardisation.
  - Clinical systems development (RiO): this will link to the wider digital programme described by the Digital Strategy later in this document.
  - Multi-borough service developments.
  - External programmes including new models of care under the SWL STP and South London Mental Health and Community Partnership.
  - Innovation.

- **Personality Disorder pathway.** Service users with personality disorders are not currently well supported within standard models of mental health care. Within south west London there is fragmented commissioning and provision. We are implementing a work stream to further develop our personality disorder pathway to achieve a better, more consistent offer for services to people with a personality disorder. This work stream will map the current personality disorder pathway and services, define options for models and the pathway for future delivery, construct team and service requirements, negotiate with commissioners around investment and implement changes.

- **Workforce.** The SWL STP Mental Health Network has set up a specific Mental Health Workforce Subgroup to address workforce development, planning and transformation. This work stream will consider the development of new roles and also consider workforce modelling and the impact on future service delivery. Finally, system and mental health delivery leadership will be included.

In addition to these defined areas our transformation will focus on improving our business and commercial foundations and considering corporate provision within and to the organisation. We will look at models of best practice and benchmarking to make lasting improvements to our support structures and processes. Our transformation programme will identify areas of growth and opportunity where we can support other organisations and consolidate our service provision.

Successful transformation with defined and substantial programmes of work as outlined above will require appropriate resourcing, and real system leadership both internally and also externally in liaison with stakeholders such as our commissioners.
Our service lines

Our clinical staff and leadership teams will actively participate in the delivery of this strategy, our strategic ambitions and our Trust-wide programmes, as they have participated in its development. Each of our service lines has defined their specific strategic initiatives and these are provided below. Appendix 2 identifies how these initiatives link to our strategic ambitions and our Trust-wide programmes.

Additionally we recognise that our services need to be built on solid foundations. We will work to ensure standardised core service offers exist in all boroughs and that all services have:

- Robust and up-to-date service specifications with clearly defined performance and quality measures that are agreed with commissioners.
- Clear pathways and operational protocols.
- Simple and clear access arrangements which are publicly available.

All operational services will also participate in productivity and efficiency initiatives including those outlined in the Carter Review and the Getting it Right First Time (GIRFT) programme.
Acute and urgent care

What we do

Acute and Urgent Care services help patients to be supported through crises. This might be in one of our inpatient wards, but is more likely to be in one of our community services which have been designed to help patients to build resilience, support each other and develop new ways of managing crises within a wider recovery-based model, without resorting to traditional emergency services, such as A&E and inpatient wards.

We provide acute and urgent care to working age adults:

- Eight acute wards at Springfield, Queen Mary’s and Tolworth.
- Lotus Assessment Suite and Psychiatric Intensive Care Unit.
- Acute Care Co-ordination Centre & Advanced Clinical Practitioners.
- Five Home Treatment and Street Triage teams.
- Psychiatric Liaison teams at St George’s, St Helier and Kingston hospitals.
- Perinatal Psychiatry, ECT and Dental suites.

The Trust has undertaken transformation in the acute care pathway, which has improved outcomes for people, and reduced pressure on inpatient beds. The Lotus Assessment Suite provides a safe and stable, calming environment away from A&E, which allows mental health staff to undertake more detailed and informed assessments of people experiencing a mental health crisis and to agree what the best follow up support for them will be. The Trust’s recovery cafes, delivered in partnership with third sector organisations, provide an accessible and normal café environment in south west London operating in the evenings and weekends, where people who feel they are in mental health crisis can attend and receive peer support as an alternative to attending A&E. Street triage teams, in partnership with the police and ambulance service, provide on-the-spot support and advice to police officers who are dealing with people with possible mental health needs.

The Trust provides a Service User Network (SUN). This is a community based support service, which aims to help people better manage the difficulties associated with having a personality disorder.

Our strategic initiatives

- **Purposeful admissions transformation programme.** Our inpatient facilities will be transformed by the Estate Modernisation Programme: whilst transformation of acute care pathway that has already taken place supports the Trust to prepare for the EMP, there is a need to reduce our bed numbers. We are implementing a Purposeful Admissions transformation programme that focuses on length of stay, delayed transfer of care and peripatetic support.

- **Female PICU provision.** We have a psychiatric intensive care unit (PICU) for men in the local area. There is no local NHS PICU provision for women. We will work with our commissioners and across the SLP to implement a medium and long term solution.

- **Enhanced urgent care service for personality disorders.** Personality disorders are a type of mental health problem where your attitudes, beliefs and behaviours cause you long-standing problems in your life. We will work with our specialist community services and other partners to enable an enhanced urgent care service for men and women with a personality disorder, who are experiencing urgent mental health needs.
• **Access to psychological therapy.** Access to psychological therapy is important for people who are receiving care in both inpatient and community settings. We will work with our commissioners to ensure that people on the acute and urgent care pathway, have access to psychological therapy, in accordance with NICE guidance.

• **Community rehabilitation pathway.** We will work across the Trust and the SLP to develop an evidence-based community rehabilitation pathway, accessible to all on the acute and urgent care pathway, that meets NICE guidance.

• **Cluster assessments.** We will use cluster assessments, to assist us in providing all our service users with evidence-based interventions, at the right time, with a view to safe and timely discharge from inpatient and community settings.

• **Working with partners.** We will work ever more closely with our partners in the operational arrangements for people with acute or urgent mental health needs, to ensure care is provided in the least restrictive setting: the police, ambulance service, accident and emergency and local recovery cafés.

• **Liaison psychiatry.** We will implement extended liaison psychiatry services as per funding arrangements and ensure these services are networked into the developing integrated care models in the local boroughs. We will ensure we play a key role in the Emergency and Urgent Care Board agendas.

• **Crisis and Home Treatment Teams.** We will work with the SWL Health and Care Partnership to review and further develop our Crisis and Home Treatment Teams, taking advantage of opportunities to bid for additional funding.

• **Perinatal services.** We will implement an enhanced and extended perinatal service for south west London and ensure this delivers improved outcomes to local women and their families.

**Measures of success**

• Achieve and maintain a maximum of **90% occupancy** of inpatient beds. This gives us the space to ensure that anyone who clinically requires a bed in our Trust will be given one.

• Achieve and maintain a maximum of **two hours** from a decision to admit, to the admission commencing.
Community

What we do

The Community service line provides care to adults with mental health difficulties in the community across five boroughs: The service line has 9,500 patients on its caseload, with 16,000 contacts per month, through 700 staff. There are 70 teams including:

- Recovery and Support Teams (RSTs).
- Community Mental Health Teams (CMHTs).
- Early Intervention Teams.
- Improving Access to Psychological Therapies (IAPT).
- Individual Placement Support (IPS).
- Substance Misuse Services.
- Primary Care Mental Health (PCMH).
- Specialist Personality Disorder (PD) Services.
- Adult Attention Deficit Hyperactivity Disorder (ADHD).
- Mental Health of Learning Disability (MHLD) Service.
- Recovery/Rehabilitation services, including Recovery College (with venues in all five boroughs).
- Family Therapy.
- Psychology services.

Our strategic initiatives

- **Community services transformation.** Our Community Transformation Programme will continue through the five year strategy period. Our transformation priorities include working with commissioners to agree standardised service offers across our five boroughs and developing cohesive pathways with partner providers. We will also advocate for appropriate levels of investment in community services. Our service users and carers have told us that our services are not always simple to access or responsive to needs. This is a key area of focus for us.

- **Integration and transition.** We will proactively engage in local place-based integration programmes in south west London to work effectively with primary care, acute services, social care, community physical healthcare services, other mental health providers, housing providers, commissioners and the voluntary sector. We will also work with other Trust services and external partners to ensure effective transition.

- **Personality disorder.** At present we deliver a specialist personality disorder service in four of our five boroughs. We provide either DBT (dialectical behaviour therapy) or MBT (mentallation-based therapy), or a mix of both, which are the two principal and evidence-based approaches to the treatment of borderline personality disorder. We will focus on working with commissioners to achieve a consistent offer for services to people with a personality disorder, whilst recognising the need for local variation in line with local population demands, and with local variation in services delivered by other providers. We will implement structured clinical management with our community mental health teams and recovery support teams. This work also links to a wider pathway around personality disorder services with colleagues in our Acute and Urgent Care Service Line.
• **Accreditation for Community Mental Health Services (ACOMHS).** We will achieve the Royal College of Psychiatrists standard for Community Services.

• **Early Intervention in Psychosis.** We will ask the Royal College’s Early Intervention in Psychosis Network (EIPN) to undertake a formal developmental review of our early intervention in psychosis services. We will continue to work to achieve EIP waiting times standards and liaise with commissioners to ensure appropriate investment.

• **Adult community-based neurodevelopmental services.** We provide these services in various forms, in three of our five boroughs. We will work with our commissioners to review and explore provision across all five boroughs, with a view to improving outcomes and experience for service users, either through a single, locally responsive, service across all five boroughs, or through resourced integration with community mental health teams and recovery support teams.

• **Recovery College.** Our Recovery College was the first of its kind and is highly valued by service users, general practice, and other community-based partners. It provides benefits in terms of keeping people well, preventing avoidable admissions, facilitating earlier discharge, through its recovery focus. We will review the service model to ensure future financial sustainability and look at opportunities for service and commercial developments. We will explore opportunities for marketing the service across the five boroughs, including with local employers, housing associations, and third sector providers.

• **Enabling Environments Award.** We will work towards achieving the Royal College’s Enabling Environments Award. This Award is a standards-based accreditation programme, which supports providers to achieve an outstanding level of best practice in creating and sustaining a positive and effective social environment.

• **Extended hours.** As part of our standard service offer of care for community-based service users, we will work with our commissioners to provide an extended hours service, across all boroughs.

• **IAPT.** We will work to implement extended access rates and additional cohorts of service users such as, for example, those with long term conditions. We will seek to regain IAPT services currently provided by other organisations where opportunities arise.

• **Individual Placement Support (IPS).** We currently deliver IPS services in Merton, Sutton and Wandsworth and we will expand these through centrally provided funding. We will bid for additional resources to support IPS services in Kingston and Richmond, building on our employment expertise.

**Measures of success**

- Improving Patient Reported Outcome Measures (PROMs), and Experience Measures (PREMs) and Carer Reported Experience Measures (CREMs).
- Improving by borough, key metrics for people with personality disorders, neurodevelopmental disorders, IAPT and IPS.
- Reducing variation in time on caseload and time between reviews.
- Setting and achieving standardised measures around caseload, complexity and acuity.
- Reducing avoidable admissions.
- Reducing length of stay.
Cognition and Mental Health in Ageing

What we do

The Cognition and Mental Health in Ageing service line provides care to people with dementia and older people with mental health difficulties or cognitive impairments. It has 190 staff:

- Two acute wards at Springfield and Tolworth.
- Five borough community teams with sub-teams including Memory Assessment Services (MAS), Care Home Liaison services, Home Treatment, Recovery Support, intensive outreach.

Our Strategic Initiatives

- **Inpatient services for older people.** The Estate Modernisation Programme will enable state-of-the-art, centres of excellence, for our inpatient services for older service users with a mental health in ageing need. These will be at Tolworth, and will provide older people and dementia friendly, settings, with shared resource and expertise across two wards. We recognise that bringing our inpatient services together at Tolworth will make for longer journeys for some visitors to the ward. Whilst there are clinical benefits for bringing the services together on a single site, we will work with our commissioners, service users and carers, to find practical solutions regarding access and transport. We will work towards achieving the Royal College’s accreditation for our inpatient services, following our move to Tolworth.

- **Early dementia diagnosis and care.** We are a leading local contributor in making a dementia diagnosis, once people have been referred into our services. Our local ambition is to ensure that there is access to early dementia diagnosis and care following diagnosis for the whole population across the five boroughs. Collaborative care plan development and implementation, is important following diagnosis. We will continue to work in partnership with other agencies and third sector organisations, to improve the local dementia pathways. We will work with partners to achieve and maintain national targets and local more stretching ambitions. We will deliver high quality Memory Assessment Services which meet the Royal College’s standards for memory services.

- **Support for behavioural and psychological symptoms of dementia.** Some of our service users with dementia experience behavioural and psychological symptoms of dementia, which are challenging to them or to their carers. We will work to support people with behavioural and psychological symptoms of dementia, in the setting most appropriate for them, including care homes, so that they are able to remain in their preferred environment. This will reduce avoidable admissions to inpatient services, and reduce delays in discharge for those who are admitted.

- **Seven day per week services.** We will work with our commissioners to achieve and maintain a community-based standard offer for service users with cognition or ageing-related mental health needs, across all boroughs.

- **Research and development.** We have a thriving Clinical Research Unit for Psychiatry of Old Age and Neuropsychiatry and we will continue to work to expand this. We will seek to increase the trials available to service users on the Trust’s research portfolio and increase the opportunities for service users and carers to become involved in research activities.

Measures of success

- **National target,** currently 67%, for dementia diagnosis.
- **Local stretch targets,** for dementia diagnosis.
- Maintain and improve **service user and carer satisfaction** rates.
Child and Adolescent Mental Health

What we do

Our Child and Adolescent Mental Health Services (CAMHS) help young people who are experiencing mental health issues.

These services are provided in community locations across all five boroughs, including:

- Community CAMHS, offering a range of assessments and treatments for children and young people presenting with enduring and moderate to severe mental health disorders which impact significantly on daily functioning.
- Adolescent outreach.
- Single point of access, assessment or referral.
- CAMHS for children and adolescents with a learning disability.
- Child and adolescent neurodevelopmental (ND: ADHD/ASD) assessment service.
- Community-based eating disorder service.

We also provide specialist and national services:

- Aquarius: an inpatient service for young people aged 12-18, who have a serious mental illness e.g. psychosis, bipolar affective disorder, depression, severe anxiety disorders, OCD, emerging personality disorder.
- Wisteria: an inpatient unit for young people between the ages of 11 and 18 with severe eating disorders and weight loss related to mental health problems.
- Corner House: an inpatient specialist assessment and treatment unit, and also outpatient service, for deaf children and adolescents up to the age of 18, with severe complex emotional and psychological problems.

The service line is an integral partner in the South London Mental Health and Care Partnership (SLP), working with SLaM and Oxleas on service transformation, with a particular focus on repatriating south London specialist (tier 4) CAMHS patients from out-of-area (OOA) placements.

Our strategic initiatives

- **SLP and CAMHS new care models.** We will continue to work with our partners in the SLP, to deliver quality improvements, and cost efficiencies, for CAMHS services, across our five boroughs, and aligned to the offer to all 12 boroughs in south London. We will focus particularly on improving crisis response for adolescents with acute mental needs. We will seek to improve after-school and twilight access, as these are the times young people often seek support in a crisis. We will seek to provide practitioners who are expert in helping young people avoid self-harm, through school and community-based initiatives, with a focus on prevention and early intervention. We will seek to enhance outreach teams, to prevent avoidable admissions. We will improve access to specialist inpatient (tier 4) services, and for admission to be closer to home. We will do this through collaboration with our partners, across the inpatient provision at Springfield hospital (ourselves) and at the Maudsley and Bethlem hospitals (SLaM), to develop more alternatives to admission, including the recently developed south London intensive care services (CAMHS PICU), and developing community CAMHS forensic services.

- **SWL Health and Care Partnership.** We will continue to work with the South West London Health and Care Partnership to prioritise children and young people’s mental health and wellbeing. We will actively participate in core programmes of work,
including work to reduce self-harm in children and young people, and act as a system leader in this respect.

• **Innovation in CAMHS.** We will continue to seek to spread innovation from one borough, to other local boroughs e.g. our recent work in developing: care for young people experiencing anxiety through school examinations; crisis cards.

• **Eating disorders.** We will also work with our SLP partners and commissioners to review and further develop eating disorder community teams and day care to balance geographical access to day care. When admission is needed, our ward is the preferred provider. This will both reduce distance from home and promote clinical effectiveness.

• **Digital technologies.** We recognise that digital technologies play a central role in the lives of many children and young people. We will work with the children and young people of our boroughs, to identify which mobile apps and web-based technologies will help service users and their families to report, for example, symptoms and side-effects.

• **Outreach.** We provide care within a diverse population. We will continue to work with our commissioners to identify those children, young people and families, who have limited or no engagement with CAMHS, and who would benefit from dedicated outreach. For example, the Korean population centred on New Malden, present specific needs which we are keen to meet. We will explore the opportunities and benefits for extending the work and role of our participation worker, across all five boroughs, including use of technologies such as online forums and apps such as FaceTime, WhatsApp and Skype.

• **Transition from CAMHS to adult services.** We have piloted improvements to transition from CAMHS to adult services in Wandsworth, through the employment of a dedicated transition worker. We will review this pilot to identify the opportunities and benefits for extending this service in Wandsworth, and across all our boroughs.

• **CAMHS neurodevelopment services.** We have worked with our commissioners, with non-recurrent funding, to achieve better access to CAMHS neurodevelopmental assessment, and to reduce the time from referral to completed diagnostic package. A number of boroughs are developing new pathways, to enable sustained maintenance of shorter referral to diagnosis times. We will work with our commissioners to ensure children and young people across all our boroughs, with mental health needs combined with neurodevelopmental needs, receive a highly skilled multi-disciplinary assessment, in accordance with agreed evidence-based pathways.

• **Deaf services.** We have well-established community-based services for children and young people who are hard-of-hearing, including those who communicate using sign language. Our three deaf service teams operate within, and outside, SW London. We will ensure that best practice in systems and processes are shared across our teams, and across our services for children and young people who do not have difficulties in hearing.

• **Community health and care packages.** Across our boroughs there are children and young people with learning disabilities, and/or neurodevelopmental conditions, whose needs can be highly complex. We will work with our commissioners and partner providers, to improve community health and social care packages. This should include learning from and developing the skills of families and carers, to prevent avoidable admissions, particularly admissions to units a significant distance from south west London. We will seek to include the Transforming Care Programme into the New Care Models work, thus developing local alternatives to admissions which are sadly often far from home and unhelpful.
Measures of success

- Maintain and improve service user and carer reported experience and outcome rates.
- Benchmarked equality of single points of access times.
- Reducing avoidable attendances at A&E, in context of rising trend.
- Reduction in serious self-harm rates, with multiple incidents occurring on occasion in particular communities, recognising a context of relatively small numbers.
Forensic, national and specialist

What we do

Our Forensic, Specialist and National Services include inpatient and community services for:

- Eating disorders (inpatient).
- Forensic services (male low secure; male and female medium secure; rehabilitation; community service).
- National deaf services (inpatient).
- Neuropsychiatry (outpatient and acute-hospital ward-based).
- Obsessive Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD) and Hoarding Disorder: national inpatient, outpatient, and local (Trust-wide) community services.
- Perinatal outpatient services.
- Post-traumatic stress services.

The service line is an integral partner in the South London Mental Health and Care Partnership (SLP), working with SLaM and Oxleas on service transformation, with a particular focus on repatriating south London patients from out-of-area (OOA) placements.

Our strategic initiatives

- **SLP and Forensic new model of care.** We will continue to work with our SLP partners and external stakeholders, to deliver quality improvements and cost efficiencies, across our five boroughs in south west London, aligned to the service offer to all twelve boroughs in south London served by the SLP. The new model of care for forensic services is built on repatriation of patients currently treated in facilities distant from South London to local secure, step down and community services. Additionally a single point of access to services has been introduced. Both of these initiatives have already enabled service users to continue their rehabilitation closer to home, in the most appropriate and least restrictive settings. We will continue to improve the interface between forensic and general adult mental health and other NHS services. Service users, their carers and families are increasingly represented on new care model pathways projects and are vital for effective co-production of new pathways. We will continue to build on this aspect of our work with a particular focus on addressing the diverse needs and backgrounds of forensic service users.

- **Liaison and Diversion service expansion.** We will work with commissioners to maintain and expand, as resource allows, our Liaison and Diversion service.

- **Adult eating disorders.** We have undertaken consultation on the adult eating disorder pathway, including significant input from service users and carers. We will implement changes focussed on the service user pathway, optimising treatment, underpinned by NICE guidance. We will work collaboratively across south London, utilising the principles of new models of care, to deliver the best possible outcomes for service users. We will also explore opportunities for expanding these services.

- **Neuropsychiatry.** We know that the demand for neuropsychiatry services is increasing. We will work with commissioners to benchmark our service with others across south and greater London. We have introduced novel treatments and models of care, such as group work for people with Functional Neurological Disorders (FND). Group work can be seen to improve access and, as importantly, improve quality outcomes for people with FND.
• **Deaf inpatient and community services, obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD) services.** These important national and specialist services are well-established in the Trust. We will further develop these services, with the support of our commissioners, and explore opportunities for expansion.

• **Inpatient forensic wards.** The Estate Modernisation Programme will enable state-of-the-art, centres of excellence, for our patients in our inpatient forensic wards.

**Measures of success**

• Maintain and improve **service user and carer** reported experience and outcome rates.

• Measurable and significant improvements in **staff experience**.

• National and south London **evaluations of New Care Models**.

• Reduced **length of stay**.

• Reduced **community readmissions**.
Enabling our strategy
Enabling our strategy

Our new Trust Strategy is enabled by a number of supporting strategies. Some of these we have already described as they related to key Trust-wide programmes of work that have a direct impact on clinical delivery: QII, co-production and involvement, and, EMP for example. However, there are also a number of other corporate areas that are described here. All enabling strategies will be reviewed against the new Trust Strategy, and updated where necessary. Each enabling strategy produces an annual work plan which is reviewed at the Trust Board.

Workforce and organisational development

Our staff underpin everything that we do, and so workforce and organisational development strategy is a fundamental enabler of this strategy. The Trust’s Workforce and Organisational Development (OD) Strategy was agreed by Trust Board 2017. Key areas of focus are:

- Retention: reducing turnover and increase stability; increasing quality and number of supervision sessions; improving staff experience.
- Recruitment: particularly reducing vacancies in hard to fill areas.
- Health and wellbeing: reducing the number of staff with work related stress and health and wellbeing issues
- Equality and diversity: creating inclusive people managers, and developing and implementing an Equality and Diversity Strategy.
- Leadership and culture: implementing a leadership and management development programme for all levels of the organisation. The focus of this is on quality improvement and changing organisational culture.
- Workforce planning: aligning to the business planning processes.

In addition key areas of work are being progressed around:

- Safer staffing for inpatient and community services.
- Gender pay gap.
- Implementing the new national pay offer for staff on Agenda for Change contracts.
- Improving medical staffing support.
- Improving occupational health service delivery.

The Workforce and OD strategy recognises the challenges around developing a skilled and sustainable workforce. Within mental health, required workforce increase projections require system wide and national thinking. The Trust is engaged in the SWL Health and Care Partnership workforce action board and planning related specifically to mental health.

The Trust’s Making Life Better Together initiative is a cultural change programme. At its very heart is working with staff, patients and our community to create a positive culture where our values are linked to our behaviours, which in turn creates an improved experience. The programme is at the centre of the new Trust Strategy’s four ambitions.

Making the Trust a great place to work is a key ambition of the new Trust Strategy. The workforce and organisational development strategy will be reviewed in order to ensure that it is fully aligned to the delivery to this key element, and to ensure that, in so doing, it fully supports the delivery of the other three ambitions of the new Trust Strategy, and all proposed Trust-wide and service line initiatives.
Finance and commercial

At the time of writing the Trust overall use of resources risk rating is reported as being at level 2, although we await confirmation from NHSI of potential improvement to level 1. The use of resources scale ranges from 1 to 4 where 1 is the lowest risk. We are forecasting achievement of level 1, by 2023. These ratings are in line with the targets agreed with NHSI. Use of resources ratings as currently reported by NHSI may be accessed via the provider segmentation link provided on NHSI’s website.  

The financial position of the CCGs has been relatively stable over recent years, recognising that significant financial pressures have been experienced across the health system. The Trust is proactively working with its CCGs to develop new services models and to increase the overall available resource to the Trust.

The Trust is working collaboratively with its neighbouring mental health providers to maximise efficiency opportunity. It is working collaboratively and proactively with its commissioners to secure additional income or enter into gain share arrangements whereby, for example, any planned savings are shared at an agreed percentage between each provider and commissioners.

The Trust has not had to resort to additional cash borrowing in the past and has historically maintained substantial in year cash balances.

Internal audit has not raised any serious concerns about the underlying financial systems.

The Trust's commercial approach involves both retaining and gaining new services under competitive tender processes, realising investment into services via collaborative bids under the Five Year Forward View for Mental Health, improving service income positions, working collaboratively to achieve benefits across partnerships and utilising clear frameworks for decision making.

During 2017/18 the Trust reviewed delivery of current services and agreed that there were no services that it wished to divest from. Service line reporting has been developed and piloted as a tool to inform financial decision making. In late 2017 the Trust Board confirmed its process for making decisions around future service provision and growth via commercial opportunities, and that such decisions will be made on a case-by-case basis. Decisions will be made at the appropriate Trust committee in line with the Trust Scheme of Delegation.

Ensuring sustainability is a key ambition of the new Trust Strategy. An effective use of resources is an essential element of this ambition. Sustainability is essential for the Trust delivery of its ambitions for increasing quality years and reducing inequalities. Achieving the use of resources ratings agreed with NHSI will support the Trust in ensuring sustainability, and in delivering all proposed Trust-wide and service line initiatives.

Communications and stakeholder engagement

Our Communications and Engagement Strategy was approved by the Trust Board in 2014. Ensuring greater clarity and consistency, becoming more intelligent in our activity and increasing the reach and penetration of messages to our stakeholders, is at the very heart of this strategy.

By focusing on developing our communications and stakeholder engagement:

- Our staff will be better informed and more engaged with the Trust.
- We will understand who our stakeholders are, more about what our stakeholders want, and do not want, and we will act on this.

The Communications and Stakeholder Engagement Strategy links closely to work around involvement, and co-production. We recognise that we need to improve information that is accessible to service users and carers, including young carers. We will continue to work to empower community ambassadors in each of our boroughs and aim to be seen as leading the fight against mental health stigma and discrimination in south west London.

Specifically our Communications and Engagement strategy seeks to:

- Increase the quality, range and reach of positive media coverage in local, regional and national media whilst balancing adverse coverage.
- Ensure all staff are fully aware of the strategic direction of the Trust and their role within this and to have opportunities to share their views and to be kept informed and engaged.
- Ensure that stakeholders and key opinion formers are aware of the strategic direction of the Trust and feel they have suitable opportunities to be involved, engaged and to share their views.
- Make effective use of digital communications and technology to enable people to access relevant information published by the Trust, or to receive information electronically regarding services, treatment and support, in ways that are accessible and appropriate to their needs.
- Develop and implement a brand identity that reflects our vision and values
- Ensure the information that the Trust produces is relevant and accessible to all our stakeholders regardless of race, religion, sexuality or disability.

In order to be successful in the way we communicate and engage we need to be sensitive to the changing external environment and be mindful that significant organisational change, with layered complexity of multiple programmes and external initiatives, leads to overload of messages and initiatives. A lack of narrative can create system noise resulting in loss of impact in terms of the real achievements being made by the organisation.

The effectiveness of the Trust’s Making Life Better Together initiative will be essential if we are to deliver against the new Trust Strategy’s four ambitions. Its effectiveness relies upon excellent communication, with staff, patients, their families, carers and the wider community.
Research and development

Research is core NHS business and fundamental to the development of quality improvement across the Trust. The Trust is aiming to develop sustainability for research by 2021 and the current Research Strategy details how this will be achieved. Research supports service delivery, development and co-production as well as recruitment and retention.

The government set out its commitment to research as core NHS business in its white paper, *Equity and excellence: Liberating the NHS* (2010). The Health and Social Care Act, 2012, extended and enhanced accountability and duties in relation to research, to include NHS England, Monitor, and the Secretary of State for Health. The Trust is operationally linked with the National Institute for Health Research (NIHR) Clinical Research Network (CRN): South London Hub, which is situated within Guy’s and St Thomas’ NHS Foundation Trust. The South London Hub manages CRN portfolio studies allocation, funding arrangements and release of flexible support staff.

Our Research and Development Strategy is based on delivery via two Clinical Research Units: Psychiatry of Old Age and Neuropsychiatry; and, Psychiatry and Allied Disciplines. The Trust has an established leadership team in place and we work closely with the local CRN and our local academic partner, St George’s University of London.

The Trust’s research and development strategic vision includes:

- Establishing research and development as core business within the Trust agenda and overall strategy.
- Promoting research and development as essential in producing improvement of quality of care delivery within and outside the Trust, integrating this with the QII programme.
- Making research available and accessible at all levels and for all disciplines in the Trust.
- Effectively embracing and integrating service users and carers contribution into research design and delivery.
- Working together with clinical and academic partners towards excellence in research.
- Enabling a really modern research through continuing education and training and the use of technological advances.

There are challenges that need consideration; not least, the complexity of maintaining and growing research activity with low levels of external funding and fewer research trials being available related to mental health. There is also a need to recognise the complexity involved in many mental health studies and the challenge of obtaining consent which is often not adequately reflected in funding mechanisms. Commercial trials are available and the Trust is successfully delivering on a number of these. However, commercial organisations require significant pace and physical infrastructure for mobilising studies, which the Trust at times struggles to deliver. Recent trials include:

- E-support for Families and Friends of Individuals affected by Psychosis. A randomised controlled trial of a co-produced online intervention for carers.
- Development of a brief generic mental health recovery patient reported outcome measure.
- Evaluation of microglial activation in Alzheimer’s disease and mild cognitive impairment subjects.

Research and development expertise within the Trust supports innovation and will assist us in designing and delivering work related to our four strategic ambitions, particularly with regard to Trust-wide and service line initiatives, focused on increasing quality years and
reducing inequalities. Our thriving Clinical Research Unit for Psychiatry of Old Age and Neuropsychiatry is a specific initiative within the Cognition and Mental Health in Ageing service line.

Medicines optimisation

The use of medicines is the most common healthcare intervention in the NHS. Medicines optimisation is ‘a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines. The Medicines Optimisation Strategy is a multi-disciplinary approach to implementing best practice supporting every individual under our care to achieve the best from their medicines. By focusing on patients and their experiences, and involving patients, we can help patients to: improve their outcomes; support their recovery; take their medicines as intended; avoid taking unnecessary medicines; reduce wastage of medicines; and, improve medicines safety.

Medicines play an important role in achieving recovery. Ultimately medicines optimisation can help encourage patients to take ownership of their treatment supporting the Trust mission to help service users take back control of their lives.

The Trust’s Medicines Optimisation Strategy was approved by the Trust board in 2014 and has provided a structure for the organisation to progress the medicines optimisation agenda. This strategy is coming to an end and a new strategy is currently in development.

In 2013 the Royal Pharmaceutical Society (RPS) published good practice guidance for healthcare professionals in England outlining the vision for Medicines Optimisation: Helping patients to make the most of medicines. The guidance provided four guiding principles for medicines optimisation to enable all healthcare professionals to support patients to get the best outcomes from their medicines use.

Following the development of the 2014 Trust Medicines Optimisation Strategy, additional key drivers have been identified, including:

- NICE guidance on medicines optimisation. The safe and effective use of medicines to enable the best possible outcomes expands upon the RPS guidance.
- The World Health Organisation’s Third Global Patient Safety Challenge, Medication Without Harm (2017), strives to reduce unsafe medication practices and medication errors which are a leading cause of avoidable harm in health care systems across the world.
- NHS England’s Medicines Value programme was launched in 2018 and has been set up to improve health outcomes from medicines and ensure we get the best value from the NHS spend on medicines. The key work stream relevant to the Trust is optimising the use of medicines.
- Lord Carter’s review, Operational productivity unwarranted variations in mental health and community health services (2018), has identified a number of key areas related to medicines and pharmacy that the Trust needs to address.

The Trust’s Medicines Optimisation strategic vision includes:

- Understand the patient experience with medicines.
- Utilise an evidence-based choice of medicines to improve health outcomes.
- Ensure medicines use is as safe as possible.
- Protect patients from harm arising from medicines use in high-risk situations.
- Reduce polypharmacy by decreasing or stopping the use of medicines which are neither clinically or cost-effective (de-prescribing).
• Make best use of the clinical skills of pharmacists and pharmacy technicians.
• Utilise innovative solutions to enhance accurate information about medicines and support transfer of information across transitions of care.
• Continuously improve medicines optimisation standards in routine practice to deliver high quality patient care.
• Work across the local healthcare economy to promote the most effective use of medicines in mental health.

The Medicines Optimisation Strategy enables the Trust’s strategic ambitions. By ensuring we use the most effective medicines, and whilst screening and intervening for adverse effects, we will increase quality years for people who use our services and reduce the current mortality gap. By understanding better our patients’ experience with medicines, and by engaging them in their treatment plan and working collaboratively to enhance our processes, we will reduce inequalities. By enabling staff with tools to embed medicines optimisation within normal practice, we will promote recovery and holistic care, making this a great place to work. In combination, these actions will ensure we utilise resources effectively supporting sustainability. The Medicines Optimisation Strategy will also directly support a number of service line strategic initiatives, such as purposeful admissions, community rehabilitation, community services modernisation and new care models.

If we can achieve true medicines optimisation – getting the right medicines for the right patients at the right time, whilst ensuring appropriate monitoring and review to minimise adverse effects and harm, and supporting patients to take medicines in the right way – the potential benefit to individual care and the NHS will be transformative.
Estate Modernisation Programme which is described above. There are, however, additional commitments and priorities that ensure the quality of the services we provide will be supported by a safe, secure and appropriate environment. The Trust’s Estates and Facilities Strategy focuses on:

- Improvements in local accessibility, such as operating from high street locations for immediate access to services.
- Supporting the SWL Health and Care Partnership priority of developing integrated sub-locality teams which also impacts on community estate.
- Working with the new London Estates Board and STP Estates Group prioritising and identifying estates activity for south west London. To date, three bids have been supported via this route.
- Working across South London Mental Health and Community Partnership to identify efficiencies across the three organisation’s estate and facilities services.
- Ensuring compliance with legal and regulatory requirements.

The Estates and Facilities Strategy builds upon the success of implementing its predecessors, including five major schemes:

- Phoenix building. A new build completed in 2007. This is a high intensity support unit providing a low-secure setting to rehabilitate clients from the boroughs of Wandsworth and Merton, with 16 beds.
- Queen Mary’s Roehampton. A PFI development completed in 2006, commissioned by Wandsworth Primary Care NHS Trust and now held by NHS Property Services. It provides 67 inpatient beds and accommodation for outpatient, CAMHS, learning disability, addiction and CMHT teams.
- Shaftesbury Unit. A major refurbishment completed in phases between 2008 and 2012. This unit provides two secure wards for men and one secure ward for women, and, detached from the main Shaftesbury building, a treatment and rehabilitation ward, totalling 60 forensic beds.
- Rationalisation of property: The Trust has disposed of approximately ten operationally surplus properties, generating income and reducing running costs.

The Estate Modernisation Programme is fundamental to ensuring the sustainability of the Trust, a key ambition of the new Trust Strategy. The achievement of the programme will directly enable many of the proposed Trust-wide and service line initiatives.
Digital

The Trust’s Digital Strategy 2017-22 is informed by the local digital roadmaps developed nationally during 2016, and developed locally by SWL Health and Care Partnership. Its focus is to ensure that individual technologies align to deliver smarter ways of working, and to an enhanced staff and service user experience. Improved technologies and ways of working will also generate efficiencies.

National guidance in the Five Year Forward View highlights four ‘digital agendas’ that will, if pursued, enable the delivery of new models of care and help to close the care and quality gap, the finance and efficiency gaps, and health and well-being gap:

- Paper-free at the point of care.
- Digitally enabled self-care.
- Real-time data analytics at the point of care.
- Whole systems intelligence to support health management and effective commissioning, clinical surveillance and research.

Lord Carter’s review of mental health and community services, published in 2018, found that a key enabler for improving workforce productivity in these services was the use and uptake of digital technology and mobile working. He noted, however, that this was inconsistent and poor, with estimates showing that a quarter of community nursing services are still paper-based, and many clinical record systems in mental health trusts being time-consuming and difficult for staff to use.

The Trust’s Digital Strategy supports the wider SLP digital strategy with its four pillars of cloud hosting of services (‘cloud first’), the ‘do once’ agenda, pooling of services and moving from a capital expenditure to an operating expenditure funding approach.
At Trust level, the priority drivers are:

- Smarter ways of working: Using IT and digital technology solutions to make staff more efficient and effective in delivering their roles, enabling better outcomes for service users
- Delivering Cost Savings: Implementing technologies that allow efficiencies to be made.
- Delivery of the Estate Modernisation Programme.

There are a number of components to our digital strategy:

- Paper free: Enabling staff to work electronically from any location. Staff will be able to undertake tasks electronically that were previously carried out manually e.g. prescribing.
- Improving processes and pathways: Technologies, including system improvements and innovative apps, support staff in becoming more effective in their roles, and enable communication with service users and carers in whatever form they prefer.
- Supporting smarter ways of working: Streamlining organisational processes and practices, across clinical and corporate areas. Mobile working will be the standard. Automated systems such as transcription will enable efficient working.
- Sharing data: Through the STP-wide local digital roadmap shared commitment and approach to data sharing, staff will be able to securely access primary care records, acute care records, social care records and other relevant information about service users at any location.
- Enabling infrastructure: The IT department, together with hardware and software developments, provide an IT infrastructure to enable efficient and flexible working, and information sharing, across the whole local health and social care economy at all times.

And finally:

- Developing analytics and business intelligence.

The development of analytics and business intelligence is so vital to the delivery of the Trust business that a specific sub-strategy is being developed. Essentially, business intelligence is the provision of both historical and current views (visualisations) of actual data from the business and the modelling of what the business future might look like. It supports the Trust at all levels to make the best possible decisions. It will ensure that the Trust Board has the quality and performance information it needs, to drive performance for the Trust in order to deliver an Outstanding CQC rating by 2021. Access to better information for decision making will deliver both better staff and service user experiences, and will also generate efficiencies and promote quality.

Key aspects of business intelligence and analytics delivery include:

- A comprehensive suite of digital dashboards and tools available to all clinicians and service managers across the organisation via the intranet. These will be tools for learning and debate.
- High levels of efficiency through the automation of reporting and self-serve reports.
- Business intelligence tools successfully used at all levels of the organisation to support service delivery.
- A well-structured data warehouse, as the sole repository of data from Trust clinical, risk and HR systems. The data is automatically refreshed on a daily basis and receives data feeds from finance systems.
• Promoting clinical data ownership and accountability, enabling clinicians to be able to view and act upon their own data.

The business intelligence strategy will help create a data driven organisation with one single version of the truth and strengthened data assurance. The administrative burden will be reduced. Data visualisations will be improved and data will be more accessible to service users and carers allowing greater involvement in business decisions and also at an individual level in care pathways and clinical decisions.

Through placing data at the heart of the Trust, the business intelligence strategy will support the delivery of our four strategic ambitions. The Trust is working to ensure that both digital and specifically business intelligence and analytical work is supported.
Implementing our strategy
Implementing our strategy

This Strategy was approved by the Trust Board at its public meeting and launched at its Annual Public Meeting in September 2018.

Implementation of the strategy will be led by the Director of Strategy and Commercial Development. A small project team will be established and will meet monthly to oversee its implementation. The project team will be advised by a steering group formed from service users, carers and external stakeholders. The steering group will meet quarterly. The Director of Strategy and Commercial Development will report on a quarterly basis to the Trust Board.

The Trust will develop annual work plans for the delivery of the strategy. These work plans will be developed through the annual business planning cycle and form the Trust’s annual corporate objectives. Each area of work will be led by an Executive Director.

Delivery of the annual work plans and corporate objectives will be reviewed quarterly at the Trust Board and by the steering group of service users, carers and external stakeholders.

These governance arrangements are designed to ensure delivery, and to ensure continuing service user and carer input in monitoring on implementation. It is anticipated that there will be both successes and challenges in the implementation of the strategy. The Trust is committed to continue its approach of transparency and co-production and will, through the proposed governance arrangements, ensure that successes and challenges are shared and publicised.
Acknowledgements

This strategy could not have been developed without significant input from our service users and carers, our staff and external stakeholders. We extend our thanks to all of those who have contributed and participated in this work. We look forward to working with you further to implement our work programmes and delivering real and sustainable developments to mental health services in south west London.
Appendices

Appendix 1: Summary of engagement activities

1. External engagement
Community workshops (between 15 and 40 people at each session)
   - Clapham
   - Earlsfield
   - Richmond (2 sessions)
   - Sutton (2 sessions)
   - Twickenham (3 sessions)
   - Wimbledon (3 sessions)

Partners (meetings and virtual engagement)
   - South West London Health and Care Partnership
   - South West London Mental Health Network
   - Directors of Public Health
   - St George’s University Hospitals NHS Foundation Trust
   - Wandsworth GP Federation
   - SWL Directors of Commissioning
   - Directors of Adult Social Services

Other
   - Information to Trust Membership database
   - Liaison with MPs and local councillors
   - Online and paper surveys – 91 completed as at end June 2018

Circulation of drafts to external stakeholders, June to August 2018

2. Internal engagement
Service Line meetings
   - Senior teams x 5 – 2 or more meetings each
   - Forensic Quality Safety and Governance Meeting

Team Meetings
a. Acute and Urgent Care
   1. Wandsworth HTT
   2. Lilac Ward
   3. Springfield, Ward 2
   4. Springfield, Ward 3
b. Community
   5. Central Wandsworth and West Battersea CMHT
   6. Merton and Sutton EIS
   7. Recovery College
   8. Merton Assessment Team
   9. Kingston North RST
   10. Wandsworth MH and Learning Disabilities Team
   11. Wandsworth Primary Care Plus
   12. Merton and Sutton ASD/ADHD
c. Cognition and Mental Health in Ageing
   13. Kingston OP CMHT
   14. Sutton OP CMHT
   15. Richmond OP CMHT
d. CAMHS
   16. Community Eating Disorder
   17. Wisteria (inpatient ED)
   18. Deaf CAMHS outpatients
   19. Adolescent Outreach Team
   20. CAMHS Emergency Team
e. Forensic, national and specialist
   21. Hume
   22. Forensic Outreach
   23. Ruby
   24. Turner
   25. Deaf
   26. Traumatic Stress
   27. Eating Disorder Outpatients
   28. OCD Community
   29. OCD National

Corporate Senior Teams
   30. Workforce and OD
31. Nursing and Quality
32. Finance and Performance
33. Nursing Development Team
34. Clinical Effectiveness
35. Medical Directorate

Other engagement
a. Open engagement, drop in and lunchtime sessions
   • Springfield x 7
   • Tolworth x 2
   • Richmond Royal x 2
   • Wilson x 2
   • Jubilee Health Centre
   • Bi-monthly Leadership Conferences
b. Leadership Conferences
c. Pharmacy
d. Specific staff forums
   • LGBTQ+
   • Deaf Staff
   • Medical Advisory Committee
e. Online and paper surveys – 93 completed as at close of survey

Trust Board
   • From June 2017 to September 2018
## Appendix 2: Service line strategic initiatives and strategic ambition matrix

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Increasing Quality Years</th>
<th>Reducing Inequalities</th>
<th>A Great Place to Work</th>
<th>Ensuring Sustainability</th>
<th>QII Programme</th>
<th>Transformation</th>
<th>Co-production, Involvement and Partnerships</th>
<th>Community Rehabilitation</th>
<th>Access to Psychological Therapy</th>
<th>Enhanced Urgent Care Service</th>
<th>Female PICU Provision</th>
<th>Transformed Admissions</th>
<th>Liaison Psychiatrist</th>
<th>Acute and Urgent Care</th>
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<tbody>
<tr>
<td>Work with partners</td>
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<td>Transformation Programme</td>
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*Note: The table above outlines various strategic initiatives and their alignment with strategic ambitions.*
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**Reducing inequalities**

**A great place to work**

**Ensuring sustainability**

**QII**

**Co-production, involvement and partnership**

**SwL Health and Care**

**SLP CAMHS new care models**

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**Co-Transformation**

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The table lists various initiatives and the corresponding columns indicate the focus areas such as increasing quality years, reducing inequalities, and creating a great place to work. The initiatives include Co-Transformation, SLF (Sustainable Life Framework), QII, Forensic, community health and care services, Liaison and Diversion service refinement, and others.
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| Co-Transformation                           |                          |                      |                         |
| Co-Ensuring sustainability                  |                          |                      |                         |
| Co-A great place                            |                          |                      |                         |
| Co-Reducing inequalities                     |                          |                      |                         |
| Co-Increasing quality years                 |                          |                      |                         |
| Adult eating disorders                       |                          |                      |                         |

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| Co-Transformation                           |                          |                      |                         |
| Co-Ensuring sustainability                  |                          |                      |                         |
| Co-A great place                            |                          |                      |                         |
| Co-Reducing inequalities                     |                          |                      |                         |
| Co-Increasing quality years                 |                          |                      |                         |
| Adult eating disorders                       |                          |                      |                         |
# Appendix 3: Glossary of key terms

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<th>Term</th>
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<tr>
<td>Accountable Care Organisations (ACOs)</td>
<td>Accountable care organisations are established when commissioners award a long-term contract to a single organisation to provide a range of health and care services to a defined population following a competitive procurement. This organisation may subcontract with other providers to deliver the contract. This term has been subject to legal challenge, and is typically replaced by Integrated Care Systems.</td>
</tr>
<tr>
<td>CAMHS tier 4/2</td>
<td>CAMHS tier 4 are specialised services that provide assessment and treatment for children and young people with emotional, behavioural or mental health difficulties. There are four tiers of care. Tiers one to three are community or outpatient-based and commissioned by clinical commissioning groups and local authorities.</td>
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<tr>
<td>Compact</td>
<td>The Compact is an agreement between the government and the voluntary and community sector. It plays a key role in cross sector working and ensuring that organisations are better able to influence and deliver services and policies which will have the most positive impact within their community. It considers areas such as involvement in policy design and consultation, funding arrangements, promoting equality, ensuring better involvement in delivering services, and strengthening independence.</td>
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<tr>
<td>Co-production</td>
<td>Co-production is about the inclusion of people with lived experience of mental illness, as well as their partners, family and friends (who are all “Experts by Experience”) in the commissioning, planning and delivery of services as equal partners with service providers and professionals.</td>
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<tr>
<td>Integrated Care Partnerships (ICPs)</td>
<td>Integrated care partnerships are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.</td>
</tr>
<tr>
<td>Integrated Care Systems (ICSs)</td>
<td>Integrated care systems have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.</td>
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<tr>
<td>Mental Health Investment Standard (MHIS)</td>
<td>Previously known as the ‘parity of esteem’, the mental health investment standard is the requirement for a CCG to increase its investment in mental health by at least the increase in its overall allocation. This standard is measured by NHSE as having been met or failed, based on a CCG’s total spend on mental health, not on its spend with a single, specialist or major provider such as South West London and St George’s Mental Health NHS Trust. It would include, for example, spend on 3rd sector community based mental health care.</td>
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<td>Term</td>
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<td>Mental Health Global Digital Exemplars</td>
<td>NHS England is currently supporting seven digitally advanced mental health trusts, through funding and international partnership opportunities, to become Global Digital Exemplars over 2017-2021. A Global Digital Exemplar is an internationally recognised NHS provider delivering exceptional care, efficiently, through the use of world-class digital technology and information. Exemplars will share their learning and experiences to enable other trusts to follow in their footsteps as quickly and effectively as possible. South London and Maudsley NHS Foundation Trust, one of the South London Mental Health and Community Partnership, is one of the seven selected trusts.</td>
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<tr>
<td>Multispecialty Community Provider (MCPs)</td>
<td>Multispecialty Community Providers, one of the new care models outlined in the Five Year Forward View, are a new type of integrated provider that could potentially combine the planning, budgets and delivery of primary and community care services</td>
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<tr>
<td>Outcomes based commissioning (OBC)</td>
<td>Outcomes based commissioning incentivise providers to achieve the outcomes that matter most both clinically and to patients rather than paying them for how much work they do</td>
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<tr>
<td>Place-based care</td>
<td>Place-based systems of care are where health providers collaborate with other NHS organisations and services to address the challenges and improve the health of the populations they serve</td>
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<tr>
<td>Primary, secondary and tertiary care</td>
<td>Primary health care is the first point of contact for health care for most people. It is mainly provided by GPs (general practitioners), but community pharmacists, opticians and dentists are also primary health care providers. Secondary care, which is sometimes referred to as 'hospital and community care', can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture. Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services</td>
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<tr>
<td>Section 75 agreements</td>
<td>Section 75 agreements are made between local authorities and NHS bodies and can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner/s.</td>
</tr>
<tr>
<td>Triangle of care</td>
<td>The Triangle of Care guide was launched in July 2010 as a joint piece of work between Carers Trust and the National Mental Health Development Unit, emphasizing the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health</td>
</tr>
</tbody>
</table>
# Appendix 4: Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO</td>
<td>Accountable Care Organisation</td>
</tr>
<tr>
<td>ACOMHS</td>
<td>Accreditation for Community Mental Health Services</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>AIMS</td>
<td>Accreditation for Inpatient Mental Health Services</td>
</tr>
<tr>
<td>AOT</td>
<td>Assertive Outreach Team</td>
</tr>
<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>AT</td>
<td>Assessment Team</td>
</tr>
<tr>
<td>BAF</td>
<td>Board Assurance Framework</td>
</tr>
<tr>
<td>BAME / BME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>BDD</td>
<td>Body Dysmorphic Disorder</td>
</tr>
<tr>
<td>CAH</td>
<td>Clinical and Academic Hub</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CDAS</td>
<td>Community Drug and Alcohol Service</td>
</tr>
<tr>
<td>CIP</td>
<td>Cost Improvement Programme</td>
</tr>
<tr>
<td>CMHT</td>
<td>Community Mental Health Team</td>
</tr>
<tr>
<td>CPA</td>
<td>Care Programme Approach</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>CQUIN</td>
<td>Commissioning for Quality and Innovation [indicators and/or goals]</td>
</tr>
<tr>
<td>CREM</td>
<td>Carer Reported Experience Measure</td>
</tr>
<tr>
<td>CRES</td>
<td>Cash Releasing Efficiency Savings</td>
</tr>
<tr>
<td>CRN</td>
<td>Clinical Research Network</td>
</tr>
<tr>
<td>CROM</td>
<td>Clinician Reported Outcome Measure</td>
</tr>
<tr>
<td>CYPIAPT</td>
<td>Children and Young People Improving Access to Psychological Therapies</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
<tr>
<td>DART</td>
<td>Drug and Alcohol Recovery Team</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behaviour Therapy</td>
</tr>
<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
</tr>
<tr>
<td>DH / DHSC</td>
<td>Department of Health / Department of Health and Social Care</td>
</tr>
<tr>
<td>ECT</td>
<td>Electroconvulsive Therapy</td>
</tr>
<tr>
<td>EIP / EIPN / EIT</td>
<td>Early Intervention in Psychosis / Early Intervention in Psychosis Network / Early Intervention Team</td>
</tr>
<tr>
<td>EMP</td>
<td>Estate Modernisation Programme</td>
</tr>
<tr>
<td>ESQ</td>
<td>Experience of Service Questionnaire</td>
</tr>
<tr>
<td>FND</td>
<td>Functional Neurological Disorders</td>
</tr>
<tr>
<td>FFT</td>
<td>Friends and Family Test</td>
</tr>
<tr>
<td>FM</td>
<td>Facilities Management</td>
</tr>
<tr>
<td>FYFV</td>
<td>Five Year Forward View</td>
</tr>
<tr>
<td>GIRFT</td>
<td>Getting It Right First Time</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HQIP</td>
<td>Health Quality Improvement Partnership</td>
</tr>
<tr>
<td>IAPT</td>
<td>Improving Access to Psychological Therapies</td>
</tr>
<tr>
<td>IBP</td>
<td>Integrated Business Plan</td>
</tr>
<tr>
<td>ICP</td>
<td>Integrated Care Partnership</td>
</tr>
<tr>
<td>ICS</td>
<td>Integrated Care System</td>
</tr>
<tr>
<td>IM&amp;T</td>
<td>Information Management and Technology</td>
</tr>
<tr>
<td>IPS</td>
<td>Individual Placement Support</td>
</tr>
<tr>
<td>KPIs</td>
<td>Key Performance Indicators</td>
</tr>
<tr>
<td>LA(s)</td>
<td>Local authority/authorities</td>
</tr>
<tr>
<td>LGBTQ+</td>
<td>Lesbian, Gay, Bisexual, Trans, Queer/Questioning</td>
</tr>
<tr>
<td>LHB</td>
<td>London Health Board</td>
</tr>
<tr>
<td>MAS</td>
<td>Memory Assessment Service</td>
</tr>
<tr>
<td>MBT</td>
<td>Mentalisation-Based Therapy</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>MHIS</td>
<td>Mental Health Investment Standard</td>
</tr>
<tr>
<td>MHLID</td>
<td>Mental Health of Learning Disability</td>
</tr>
<tr>
<td>MLBT</td>
<td>Making Life Better Together</td>
</tr>
<tr>
<td>MSNAP</td>
<td>Memory Services National Accreditation Programme</td>
</tr>
<tr>
<td>NCM</td>
<td>New Care Model</td>
</tr>
<tr>
<td>ND</td>
<td>Neurodevelopmental</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NHSE</td>
<td>NHS England</td>
</tr>
<tr>
<td>NHSI</td>
<td>NHS Improvement</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Health and Care Excellence</td>
</tr>
<tr>
<td>NIHR</td>
<td>National Institute for Health Research</td>
</tr>
<tr>
<td>NMC / NMoC</td>
<td>New Model of Care</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td>OD</td>
<td>Organisational Development</td>
</tr>
<tr>
<td>OOA</td>
<td>Out-of-area</td>
</tr>
<tr>
<td>Oxleas</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>PCMH</td>
<td>Primary Care Mental Health</td>
</tr>
<tr>
<td>PD</td>
<td>Personality Disorder</td>
</tr>
<tr>
<td>PDU</td>
<td>Psychiatric Decision Unit</td>
</tr>
<tr>
<td>PFI</td>
<td>Private Finance Initiative</td>
</tr>
<tr>
<td>PICU</td>
<td>Psychiatric Intensive Care Unit</td>
</tr>
<tr>
<td>PLACE</td>
<td>Patient Led Assessments of the Care Environment</td>
</tr>
<tr>
<td>PLAN</td>
<td>Psychiatric Liaison Accreditation Network</td>
</tr>
<tr>
<td>PREM</td>
<td>Patient Reported Experience Measure</td>
</tr>
<tr>
<td>PROM</td>
<td>Patient Reported Outcome Measure</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>QII</td>
<td>Quality Improvement and Innovation</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
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</tr>
<tr>
<td>R&amp;D</td>
<td>Research and Development</td>
</tr>
<tr>
<td>RCA</td>
<td>Root Cause Analysis</td>
</tr>
<tr>
<td>RCP</td>
<td>Royal College of Psychiatry</td>
</tr>
<tr>
<td>RPS</td>
<td>Royal Pharmaceutical Society</td>
</tr>
<tr>
<td>RST</td>
<td>Recovery Support Team</td>
</tr>
<tr>
<td>SGUL</td>
<td>St George’s, University of London</td>
</tr>
<tr>
<td>SLaM</td>
<td>South London and Maudsley NHS Foundation Trust</td>
</tr>
<tr>
<td>SMART</td>
<td>Specific, measurable, achievable, relevant and time-related</td>
</tr>
<tr>
<td>SLM</td>
<td>Service Line Management</td>
</tr>
<tr>
<td>SLP</td>
<td>South London Mental Health and Community Partnership [SWLSTG, SLaM and Oxleas]</td>
</tr>
<tr>
<td>SOF</td>
<td>Single Oversight Framework</td>
</tr>
<tr>
<td>SPA</td>
<td>Single Point of Access/Assessment</td>
</tr>
<tr>
<td>STP</td>
<td>Sustainability and Transformation Plan/Partnership</td>
</tr>
<tr>
<td>SUI</td>
<td>Serious Untoward Incident</td>
</tr>
<tr>
<td>SUN</td>
<td>Service User Network</td>
</tr>
<tr>
<td>SWL HCP</td>
<td>South West London Health and Care Partnership [Local CCGs, LAs, providers, including SWLSTG]</td>
</tr>
<tr>
<td>SWLSTG</td>
<td>South West London and St George’s Mental Health NHS Trust</td>
</tr>
<tr>
<td>SWWW</td>
<td>Smarter Ways of Working</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>Wte</td>
<td>Whole time equivalents</td>
</tr>
</tbody>
</table>
Appendix 5: Key documents

1. National documents

- Mental Health Five Year Forward View Dashboard (updated every six months, with April to September 2017 being the latest available as of July 2018): https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/
- Next Steps on the five Year Forward View (2017)
- Mayor of London: Health Inequalities Strategy (draft, 2017)
- Five Year Forward View for Mental Health. One Year On (2017)
- Mental Health Workforce Plan (2017)
- South West London Health and Care Partnership: One Year On (2017)
- South West London Health and Care Partnership: Sustainability and Transformation Plan (2016)
- The Triangle of Care Membership Scheme: Guidance (2016)
- The Five Year Forward View for Mental Health (2016)
- Implementing the Five Year Forward View for Mental Health (2016)
- Mental Health Foundation: Fundamental Facts About Mental Health (2016)
- Future in Mind (2015)
- Mental Health Crisis Care Concordat (2014)
- Five Year Forward View (2014)
- Healthy Lives, Healthy People (2010)
- Equity and excellence: Liberating the NHS (2010)
2. Local documents

- Trust Performance Reports as reported to Trust Board (website, accessed 2018)
- Service User and Carer Involvement Strategy (2014) and Plan (2018)
- Service Line Deep Dives– internal presentations (2017); ‘Our services’ on intranet and website (accessed 2018)
- Business Intelligence Strategy (draft, 2018)
- Making Life Better Together (intranet, accessed April 2018)
- Carers’ Charter (2017)
- Workforce and OD Strategy (2017); Review (2017)
- Commercial Strategy Review (2017)
- Digital Strategy (2017); Review (2017)
- Quality Account 2016/17 (2017)
- Risk Management Policy and Strategy (2016)
- Estate Modernisation Programme Outline Business Case (website version 2015, accessed April 2018)
- Clinical Strategy (2015)
- Medicines Optimisation Strategy (2014)
Appendix 6: Our services and sites

We provide the following core services:

• Acute wards for adults of working age and psychiatric intensive care unit
• Long stay/rehabilitation mental health wards for working age adults
• Wards for older people with mental health problems
• Child and adolescent mental health wards
• Forensic inpatient/secure wards
• Mental health crisis services and health based places of safety
• Community-based mental health services for older people
• Community-based mental health services for adults of working age
• Community services for people with learning disabilities or autism
• Specialist community mental health services for children and young people

We also provide the following specialist services:

• Specialist eating disorder services
• Substance misuse services
• National deaf services (adult and CAMHS)
• Neuropsychiatry
• Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD)
• Perinatal outpatient services
• Traumatic stress services

We operate from four locations registered with CQC: three hospitals, Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital, and the Trust HQ. We provide 385 beds (acute, PICU, rehabilitation, older people, CAMHS, specialist and forensic), of which 163 are acute beds. We have space for seven patients in our Psychiatric Decision Unit and section 136 suite. We provide community mental health and outpatient services from a number of locations in each of the five London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. We also provide community mental health services to deaf people in Cambridge and Kent, as part of our national service for deaf children and adults.
We are the leading provider of mental health services across south west London and a beacon of excellence for national mental health services. We serve a diverse community of people in the boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth.

In keeping with the Equality Act 2010 we do not discriminate against people on the grounds of age, race, disability, sex, gender reassignment, sexual orientation, religion and belief, marriage and civil partnership or pregnancy and maternity.

If you would like this document in another language, easy read format or braille then please contact us with your name, address and details of which format you require.

If you need this information in a different language, please contact us on 020 3513 6006 or communications@swlstg.nhs.uk.

Our values: Respectful, Open, Collaborative, Compassionate, Consistent

South West London and St George's Mental Health NHS Trust
Springfield University Hospital,
61 Glenburnie Road, London SW17 7DJ
Telephone: 020 3513 5000
Website: www.swlstg.nhs.uk

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